

<i>SERFF Tracking Number:</i>	<i>ALSB-125746627</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39870</i>
<i>Company Tracking Number:</i>	<i>LU10913 SERIES</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>LU10913 SERIES</i>		
<i>Project Name/Number:</i>	<i>LU10913 SERIES/LU10913 SERIES</i>		

Filing at a Glance

Company: Allstate Life Insurance Company

Product Name: LU10913 SERIES

TOI: LTC06 Long Term Care - Other

Sub-TOI: LTC06.000 Long Term Care - Other

Filing Type: Form/Rate

SERFF Tr Num: ALSB-125746627

SERFF Status: Closed

Co Tr Num: LU10913 SERIES

Co Status:

Authors: Bernard Adams, Kathy
Kavanagh, Ronald Nissen, Devyn
Porstner

Date Submitted: 08/07/2008

State: ArkansasLH

State Tr Num: 39870

State Status: Approved-Closed

Reviewer(s): Marie Bennett, Harris
Shearer

Disposition Date: 10/01/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: LU10913 SERIES

Project Number: LU10913 SERIES

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/01/2008

State Status Changed: 10/01/2008

Corresponding Filing Tracking Number:

Filing Description:

SERFF Tracking Number: ALSB-125746631

Filed Forms

LU10913 Rider for Long Term Care Services

RD10913 Rider Data Page

FIC272 Long Term Care Insurance Rider – Annuity Application

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

SERFF Tracking Number: *ALSB-125746627* State: *Arkansas*
Filing Company: *Allstate Life Insurance Company* State Tracking Number: *39870*
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Product Name: *LU10913 SERIES*
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Supplement

FIC273A Long Term Care Insurance – Outline of Coverage
FIC274 Long Term Care Insurance Rate Increase Disclosure
FIC283A Long Term Care Insurance Personal Worksheet
LU10923 Contract Summary

Filed for Information

FIC284A Things You Should Know Before You Buy Long Term Care Insurance
FIC289 Notice to Proposed Owner and Proposed Covered Person Regarding Replacement of Individual Accident
Sickness or Long Term Care

NAIC#: 008-60186

Dear Mr. Shields:

We submit the above-referenced forms for your review and approval. These are new forms, not previously submitted, and they do not replace any previously approved forms. They will be used with Allstate Life Insurance Company's Fixed Annuity Products.

The forms are being filed concurrently in our domiciliary state, Illinois.

Description of forms

Form LU10913, Rider for Long Term Care Services, provides benefits for tax qualified long term care services. The rider allows the annuity Contract Value to be paid out without surrender charges, and with additional enhancements benefits that do not reduce annuity Contract Values, if the covered person needs tax qualified long term care services. The issue age limits are ages 40 through 79. The rider will be offered on optional and non-optional basis for attachment to new annuity contract issuances. In the future, the rider may also be offered as an add-on to inforce annuity contracts. The rider may be terminated by the owner without terminating the annuity contract. The rider includes Optional Inflation Protection Benefit and an Optional Nonforfeiture Benefit provisions which the owner may elect for an additional charge at time of application.

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The forms will be used with the following previously approved annuity contracts:

FORM NUMBER

LU10286
LU10289
LU10280
LU10283
LU10292
LU10835
LU10841
LU10847
LU10857
LU10844
LU10850
LU10860
LU10146

Rider Data Page

Form RDP10913 will be generated by computer to reflect customer information and will be issued with the above referenced previously approved contracts

Supplemental Application

Form FIC272, Long Term Care Insurance Rider – Annuity Application Supplement, is the supplemental application form that will be used to apply for rider form LU10913.

Form FIC273

Form FIC273, Long Term Care Insurance – Outline of Coverage form that will be used for form LU10913. Form FIC273 will be provided prior to application.

Outline of Coverage

Form FIC274, Long Term Care Insurance Rate Increase Disclosure, is the disclosure form that will be given to the applicant at time of application. The form is also intended for use with similar riders for long term care services that are

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subsequently approved by the Department.

Personal Worksheet

Form FIC283, Long Term Care Insurance Personal Worksheet, is the suitability form that will be used with rider form LU10913 in relation to benefits for long-term care services. The form is also intended for use with similar riders for long term care services that are subsequently approved by the Department.

Contract Summary (include in only in states where filing is required)

Form LU10923, Contract Summary, is the form that will provide a summary of the [contract and rider's] cost and benefit information for the base contract and rider form LU10913 benefits. The form will be issued when the contract and rider are delivered.

The following forms will also be used with form LU10913 and are being submitted on informational basis:

1. Form FIC284, Things You Should Know Before You Buy Long Term Care Insurance
2. Form FIC289, Notice to Proposed Owner and Proposed Covered Person Regarding Replacement of Individual Accident and Sickness or Long Term Care.
3. Form LU10922, Monthly Report for Long Term Care Riders

These forms have been generated by our home office computer system. These forms may also be generated using other hardware, which can result in changes in formatting (e.g., typeface, margins, page breaks), but the contents will remain unaffected. Distribution and access may also be via hard copy or electronic media.

Please note that portions of the forms filed with this submission are bracketed as variable, and may change as described in the attached actuarial memorandum and in the Statement of Variability. Some of the variable information on the pdfs of these forms was bracketed using Adobe Acrobat. Although the bracketing appears on the attached pdfs when viewed electronically, the bracketing may not appear on printed hard copies unless your printer is given special instructions to do so.

In addition to the forms listed above, we have also attached the following supporting documents:

1. Actuarial Memorandums and Rates; and

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2. Readability Certification;
3. Certification
4. Statement of Variability

If you have any questions, please feel free to contact me at the address, phone, or e-mail on my letterhead. Thank you for your consideration of this matter.

Sincerely,

Ron Nissen
Senior Product & Financial Analyst
Contract Development and Filing

Company and Contact

Filing Contact Information

Ron Nissen, Product & Financial Analyst	rmiss@allstate.com
3100 Sanders Rd., Suite M2A	(847) 402-3246 [Phone]
Northbrook, IL 60062	(847) 326-5224[FAX]

Filing Company Information

Allstate Life Insurance Company	CoCode: 60186	State of Domicile: Illinois
3100 Sanders Road, Suite M2A	Group Code: 8	Company Type:
Northbrook, IL 60062	Group Name:	State ID Number:
(847) 402-8112 ext. [Phone]	FEIN Number: 36-2554642	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$350.00
Retaliatory?	Yes
Fee Explanation:	\$50.00 per form x 7 forms = \$350.00
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Life Insurance Company	\$350.00	08/07/2008	21841796

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	10/01/2008	10/01/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Domiciliary Approval	Note To Reviewer	Kathy Kavanagh	09/24/2008	09/24/2008
State Domicile Approval	Note To Filer	Marie Bennett	09/24/2008	09/24/2008

SERFF Tracking Number: ALSB-125746627

State: Arkansas

Filing Company: Allstate Life Insurance Company

State Tracking Number: 39870

Company Tracking Number: LU10913 SERIES

TOI: LTC06 Long Term Care - Other

Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LU10913 SERIES

Project Name/Number: LU10913 SERIES/LU10913 SERIES

Disposition

Disposition Date: 10/01/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document	REPLACEMENT NOTICE		Yes
Supporting Document	Things you should know		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Readability		Yes
Form	Rider for Long Term Care Services		Yes
Form	Rider for Long Term Care Services Data Pages		Yes
Form	Long Term Care Rider Annuity Application supplement		Yes
Form	Long Term Care Insurance - Outline of Coverage		Yes
Form	Long Term Care Insurance Potential Rate Increase Disclosure Form		Yes
Form	Long Term Care Insurance Personal Worksheet		Yes
Form	Contract summary		Yes

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Note To Reviewer

Created By:

Kathy Kavanagh on 09/24/2008 12:05 PM

Subject:

Domiciliary Approval

Comments:

In response to your question, yes, Illinois approved has approved this filing.

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Note To Filer

Created By:

Marie Bennett on 09/24/2008 11:40 AM

Subject:

State Domicile Approval

Comments:

Have the forms been approved in your domiciliary state?

SERFF Tracking Number: ALSB-125746627 State: Arkansas

Filing Company: Allstate Life Insurance Company State Tracking Number: 39870

Company Tracking Number: LU10913 SERIES

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LU10913 SERIES

Project Name/Number: LU10913 SERIES/LU10913 SERIES

Form Schedule

Lead Form Number: LU10913 SERIES

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LU10913	Policy/Cont Rider for Long Term	Initial			50	LU10913_Annuity Long Term Care Rider_ALIC.pdf
		act/Fratern Care Services					
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	RDP10913	Data/DeclarRider for Long Term	Initial			0	RDP10913_Rider Data Pages_ALIC.pdf
		ation PagesCare Services Data					
		Pages					
	FIC272	Application/ Long Term Care	Initial			52	FIC272 (1108) final.pdf
		Enrollment Rider Annuity					
		Form Application					
		supplement					
	FIC273A	Outline of Long Term Care	Initial			0	FIC273A (1108).pdf
		Coverage Insurance - Outline of					
		Coverage					
	FIC274	Other Long Term Care	Initial			0	FIC274 (1108).pdf
		Insurance Potential					
		Rate Increase					
		Disclosure Form					
	FIC283A	Other Long Term Care	Initial			0	FIC283A (1108) final.pdf
		Insurance Personal					
		Worksheet					
	LU10923	Other Contract summary	Initial			0	LU10923 Contract Summary.pdf

ALLSTATE LIFE INSURANCE COMPANY

Home Office: {3100 Sanders Road}
{Northbrook, Illinois 60062-7154}
{800-755-5275}

Rider for Long Term Care Services

This Rider is made a part of the Contract to which it is attached. This Rider provides for monthly insurance benefits for Qualified Long Term Care Services in the event the Covered Person becomes a Chronically Ill Individual. These benefits are payable in part from the Contract Value, without withdrawal charges or Market Value Adjustments; refer to the LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS section of this Rider for details. This Rider is subject to all of the terms, conditions and definitions of the Contract that it is attached to, unless stated otherwise in this Rider. **READ THIS RIDER CAREFULLY.**

BENEFITS PAYABLE UNDER THIS RIDER ARE SUBJECT TO THE WAITING PERIOD AND ELIMINATION PERIOD SHOWN ON THE RIDER DATA PAGES FOR THIS RIDER.

TAXATION For taxable years beginning after December 31, 2009, this Rider is intended to be federally tax-qualified long term care insurance under Section 7702B of the Internal Revenue Code of 1986, herein referred to as the "Code". For taxable years beginning before January 1, 2010, this Rider is intended to provide benefits for qualified long term care services as these services are defined in Section 7702B of the Code, but will not be considered to provide federally tax qualified long term care insurance.

RECEIPT OF BENEFITS UNDER THIS RIDER MAY BE TAXABLE. NEITHER WE NOR OUR AGENTS APPOINTED TO REPRESENT US CAN PROVIDE TAX ADVICE. THE OWNER SHOULD SEEK ASSISTANCE FROM THE OWNER'S PERSONAL TAX ADVISOR TO ASSESS THE TAX CONSEQUENCES OF THIS RIDER.

TRIAL EXAMINATION PERIOD FOR THIS RIDER If the Owner is not satisfied with this Rider for any reason, the Owner may cancel it within 31 days after the Owner receives it by notifying us in writing and returning this Rider to us or to any agent appointed by us. Immediately upon our receipt of the Owner's cancellation notice request, this Rider will be deemed void from the beginning, and we will credit any deducted Rider Charges for this Rider to the Contract Value of the Contract.

NOTICE TO OWNER This Rider may not cover all of the costs associated with long term care that may be incurred by the Covered Person during the period of coverage. The Owner is advised to review carefully all limitations in the Contract and this Rider.

THIS RIDER IS NOT MEDICARE SUPPLEMENT COVERAGE. If the Covered Person is eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Social Security Administration.

CAUTION: The issuance of this Rider is based upon the responses to the questions on the Application. A copy of the Application is enclosed or was retained by the Owner when the Owner applied. If any answers are incorrect or untrue, we have the right to deny benefits or rescind this Rider. The best time to clear up any questions is now, before a claim arises! If, for any reason, any answers are incorrect, contact our Home Office at the above address.

RENEWABILITY This Rider is guaranteed renewable. This means that we may not on our own, cancel or reduce coverage provided by this Rider. Subject to the Rider Termination provision, this Rider will remain in force for as long as the Contract remains in force and the required charges for this Rider are paid.

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DEFINITIONS

When the following words are used in this Rider, they have the meaning stated. Some words in this Rider are defined within the Contract or the provisions in which they appear in this Rider.

Acceleration Percentage Means the benefit percentage elected by the Owner and approved by us. It is used to calculate the monthly benefit payable under this Rider. The Acceleration Percentage is shown on the Rider Data Pages for this Rider.

Activities of Daily Living (ADLs) Means the following functions:

1. **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
2. **Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene including caring for catheter or colostomy bag.
3. **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. **Eating:** Feeding oneself by getting food into the body from a receptacle, such as a plate, cup, table, or by feeding tube or intravenously.
5. **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. **Transferring:** Moving into or out of a bed, chair or wheelchair.

Adult Day Care Means a program of social and health related services provided for six or more individuals during the day in a community setting for the purpose of supporting frail, impaired, elderly or other disabled adults who can benefit from care in a group setting outside of the home.

Application Means the applications for the Contract and this Rider.

Assisted Living Facility Means a facility, including one for people with Alzheimer's disease, that is not on the list of Excluded Places within this provision and that is engaged primarily in providing Maintenance or Personal Care Services to its residents. It must provide those services 24 hours a day, every day:

1. Under a license, certificate, or substantially similar permit and oversight from the federal government or the state in which it is located; or
2. Is operated, in accordance with all applicable laws, and continuously meets all of the following requirements:
 - a. It has accommodations for at least ten residents;
 - b. It maintains records for all care and services provided to each resident;
 - c. It has an awake employee on duty in the facility who is trained and ready to provide its resident inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
 - d. It has an awake employee who is aware of the whereabouts of the resident inpatients;
 - e. It provides, at a minimum, assistance with Bathing and Dressing;
 - f. It provides three meals a day and accommodates special dietary needs;
 - g. It has written formal procedures, including an agreement with a physician or Nurse, for the furnishing of medical care and services in case of an emergency; and
 - h. It has the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications.

Excluded Places: An Assisted Living Facility is NOT any of the following:

1. A clinic or hospital;
2. A sub-acute care or rehabilitation hospital or unit;
3. A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
4. A Nursing Facility;
5. The Covered Person's Home or place of residence in an area used principally for independent residential living including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities; or
6. Any facility that is located outside of the United States, its territories and possessions.

If a facility has multiple licenses, certifications, purposes, or locations; a separate portion, ward, wing, unit or location thereof can qualify as an Assisted Living Facility only if it is engaged primarily in providing care that satisfies this Rider's definition of an Assisted Living Facility.

Chronically III Individual Means a person who has been certified by a Licensed Health Care Practitioner within the preceding 12 months as:

1. Being unable to perform, without Substantial Assistance, either Standby Assistance or Hands-on Assistance, from another individual, at least two Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must, be expected to exist for a period of at least 90 days; or
2. Requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

Chore Services Means assistance with the following light work activities: minor household repairs related to the Covered Person's safety at Home, such as to handrails and safety rails, stairs, or floors; taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt in the Covered Person's Home.

Chore Services do not include any type of residential upkeep, construction renovation or routine home preservation, such as painting; lawn or yard care; snow removal; vehicle or equipment maintenance; or similar tasks.

Contract Means the annuity contract to which this Rider is attached.

Contract Value has the same meaning as defined in the Contract.

Covered Person Means only the person named as the Proposed Covered Person in the Application for this Rider and on the Rider Data Pages for this Rider as of the Effective Date of this Rider. The Covered Person must be the sole Annuitant. If the Owner is a living person, the Covered Person must be the Owner or the spouse of the Owner. For the purposes of this rider, "Spouse" refers to a legal Spouse as defined for federal tax purposes. If the Owner is not a living person, then the Owner must be a Grantor Trust and the Covered Person must be the grantor or the spouse of the grantor. If the Covered Person is not an Owner and is the spouse of an Owner, the Covered Person must be the sole Primary Beneficiary.

This Rider provides coverage for the Covered Person only and is not transferable.

Coverage Commencement Date Means the date immediately following the Waiting Period. The Coverage Commencement Date is shown on the Rider Data Pages for this Rider. Refer to the definition of Waiting Period.

Current Eligibility Certification Means a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that the Covered Person meets the requirements for being a Chronically III Individual.

Date of Loss Means the date the Licensed Health Care Practitioner certifies the Covered Person is Chronically III.

Election Date Is the date on which the Owner can elect to continue coverage beyond the Payout Start Date or after the Contract Value has been reduced to zero, subject to meeting all the requirements of the BENEFITS AFTER THE ANTICIPATED PAYOUT START DATE section. On such date, the Contract must be in the Accumulation Phase and the Contract Value and the Long Term Care Benefit Base must be greater than zero. The Election Date cannot be earlier than 90 days prior to the anticipated Payout Start Date shown on the Annuity Data Page.

Elimination Period Is the period of time that the Covered Person must be Chronically III before we will pay benefits under this Rider. The Elimination Period begins on the first day after the expiration of the Waiting Period that the Covered Person receives Qualified Long Term Care Services while Chronically III. The Elimination Period ends when the Covered Person has been Chronically III for the number of calendar days indicated in the Elimination Period shown on the Rider Data Pages for this Rider. The Elimination Period need be satisfied only once during the Covered Person's lifetime.

Enhancement Factor Is a value used to calculate the Monthly Maximum Base Benefit and the Monthly Maximum Enhanced Benefit payable under this Rider. The Enhancement Factor is shown on the Rider Data Pages for this Rider. Refer to the definition of Monthly Maximum Enhanced Benefit and Monthly Maximum Base Benefit.

Grantor Trust Is a domestic trust of which the grantor shall be treated as the Owner pursuant to Section 671 of the Code.

Home Means the Covered Person's primary place of residence in the area the Covered Person uses principally for independent residential living. This could be a house, a condominium, an apartment, a unit in a congregate care community or similar residential environment.

The Covered Person's Home does not include a hospital, Nursing Facility or Assisted Living Facility.

Home Health Aide and Personal Care Services Means assistance the Covered Person receives with simple health care tasks, personal hygiene, managing medications, in performing Activities of Daily Living and supervision the Covered Person needs when he or she has Severe Cognitive Impairment.

Home Health Care Means one or more of the following services: Adult Day Care Services, Nurse and Therapist Services, Home Health Aide and Personal Care Services, Homemaker Services, Chore Services, and Hospice Care.

These services must be:

1. Provided in the Covered Person's Home, unless they are Adult Day Care Services or Hospice Care;
2. Necessary to enable the Covered Person to continue to stay safely at Home, unless the services are in a facility providing Hospice Care;
3. Necessary because the Covered Person alone is not able to perform them due to the Covered Person being a Chronically Ill Individual;
4. Consistent with the needs addressed in the Covered Person's Plan of Care; and
5. Provided in the United States, its territories and possessions.

Providers of these services do not need to be affiliated with a home health care agency. Home Health Care services will not be payable at the same time as any benefits for confinement in a Nursing Facility or Assisted Living Facility.

Homemaker Services Means assistance with one or more of the following tasks: meal planning and preparation, doing laundry and light house cleaning such as vacuuming, dry mopping, dishwashing, cleaning the kitchen or bath, and changing soiled bedding.

Hospice Care Means services that are designed to provide palliative care to the Covered Person; or alleviate the Covered Person's physical, emotional and spiritual discomforts because the Covered Person has been diagnosed with a terminal disease with a life expectancy of six months or less to live.

Hospice Care can be provided in the Covered Person's Home or a separate facility that is licensed or certified to provide Hospice Care by the state in which it is located. Coverage includes room and board provided in such a facility. Hospice Care does not include coverage for prescription drugs.

Immediate Family Means:

1. The Covered Person's spouse or civil union partner;
2. Any person living with the Covered Person in a domestic partner relationship as defined and permitted by applicable state law; and
3. The following relatives of the Covered Person and the Covered Person's spouse or domestic partner or civil union partner: parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, or nephew or niece. This includes adopted, in-law and step-relatives.

Inflation Percentage Means the percentage used to increase benefit levels as described in the OPTIONAL INFLATION PROTECTION BENEFIT section of this Rider. The Inflation Percentage is only applicable if the Owner elected the Optional Inflation Protection Benefit. The Inflation Percentage, if applicable, is shown on the Rider Data Pages for this Rider.

Lapse Means the termination of this Rider due to non-payment of the Rider Charge.

Licensed Health Care Practitioner Means any of the following who is not a member of the Covered Person's Immediate Family:

1. A physician as defined in Section 1861(r)(1) of the Social Security Act;
2. A registered professional Nurse;
3. A licensed social worker; or
4. Any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

Long Term Care Benefit Base Means the portion of the Contract Value that is eligible to be paid out for Qualified Long Term Care Services benefits under this Rider.

The Long Term Care Benefit Base in effect on the Rider Effective Date is shown in the Rider Data Pages for this Rider. After the Rider Effective Date, the Long Term Care Benefit Base may change due to changes in the Contract Value. The Long Term Care Benefit Base will not reflect purchase payments made after the Rider Effective Date, except as provided in the OPTIONAL INFLATION PROTECTION BENEFIT section. Withdrawals made from the Contract Value will reduce the Long Term Care Benefit Base only to the extent required to prevent the Contract Value from falling below the Long Term Care Benefit Base. Rider Charges will reduce the Long Term Care Benefit Base.

Crediting of interest to the Contract Value will cause the Long Term Care Benefit Base to increase. On any date on which interest is credited to the Contract, the Long Term Care Benefit Base will be increased by an amount equal to:

1. The Long Term Care Benefit Base immediately prior to the crediting of interest; multiplied by
2. The amount of interest credited to the Contract; divided by
3. The Contract Value immediately prior to the crediting of interest.

Maintenance or Personal Care Services Means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the Covered Person is a Chronically Ill Individual, including protection from threats to health and safety due to Severe Cognitive Impairment.

Medicaid Means any state medical assistance program under Title XIX of the Social Security Act.

Medicare Means the Health Insurance for the Aged Act, Title XVIII of the Social Security Act.

Monthly Base Benefit Amount Means the amount equal to:

1. The Monthly Maximum Base Benefit; multiplied by
2. The number of days of Qualified Long Term Care Services received in the month; divided by
3. The number of days in the month.

Monthly Benefit Amount Means the amount equal to:

1. The Monthly Maximum Benefit; multiplied by
2. The number of days Qualified Long Term Care Services were received in the month; divided by
3. The number of days in the month.

Monthly Enhanced Benefit Amount Means the amount equal to:

1. The Monthly Benefit Amount; less
2. The Monthly Base Benefit Amount.

Monthly Maximum Base Benefit Means the maximum monthly benefit payable out of the Contract Value for Qualified Long Term Care Services. For each new claim, the Monthly Maximum Base Benefit amount will be:

1. The Acceleration Percentage; multiplied by
2. The Long Term Care Benefit Base on the first day of the month in which the first benefit payment is made; divided by
3. One plus the Enhancement Factor.

If the Optional Inflation Protection Benefit is included, the Monthly Maximum Base Benefit may increase annually as described in the OPTIONAL INFLATION PROTECTION BENEFIT section of this Rider.

The Monthly Maximum Base Benefit will be reduced to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) limit, as described in the definition of Monthly Maximum Benefit.

Monthly Maximum Enhanced Benefit Is the maximum monthly benefit payable for Qualified Long Term Care Services in addition to the Monthly Maximum Base Benefit. Payment of the Monthly Maximum Enhanced Benefit does not reduce the Contract Value.

The Monthly Maximum Enhanced Benefit is equal to:

1. The Monthly Maximum Base Benefit; multiplied by
2. The Enhancement Factor.

The Monthly Maximum Enhanced Benefit will be reduced to comply with the HIPAA limit, as described in the definition of Monthly Maximum Benefit.

Monthly Maximum Benefit Is the maximum monthly benefit payable for Qualified Long Term Care Services and equals the sum of the Monthly Maximum Base Benefit and the Monthly Maximum Enhanced Benefit. The Monthly Maximum Benefit cannot exceed the daily HIPAA limit in effect at that time multiplied by 30.

The daily HIPAA limit for per diem plans refers to a dollar cap per day and is indexed for inflation. The limit is applied on an aggregate basis to all contracts providing long term care insurance for the Covered Person. While this Rider will not pay benefits in excess of the daily HIPAA limit, we will not coordinate benefits with long term care contracts issued by other insurers or with other contracts issued by us. At your request, we will reduce the benefits paid under this Rider to enable you to comply with the HIPAA limit in aggregate.

If the Monthly Maximum Benefit payable under this Rider is reduced by us to comply with HIPAA limits or upon your request for any reason, the Monthly Maximum Base Benefit and the Monthly Maximum Enhanced Benefit will both be reduced pro-rata so that the sum of these amounts equals the reduced Monthly Maximum Benefit.

After the Covered Person recovers from being a Chronically Ill Individual, a new claim will begin when the Covered Person again becomes a Chronically Ill Individual in accordance with the Eligibility for the Payment of Benefits and Conditions for Payment provisions in the LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS section of this Rider. The Monthly Maximum Benefit for a new claim will not be lower than the Monthly Maximum Benefit for the prior claim.

Payment of benefits under this Rider is subject to the satisfaction of the Waiting Period and the Elimination Period.

Nurse Means someone who is licensed as a Registered Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN), and is operating within the scope of that license.

Nurse and Therapist Services Means services provided in the Covered Person's Home by a Nurse or a licensed physical, occupational, respiratory, or speech therapist.

Nursing Facility Means a facility that is not on the list of Excluded Places within this provision and that is engaged primarily in providing continual 24 hours-a-day, every day nursing care to all of its residents or inpatients in accordance with the authority granted by a license issued by the federal government or the state in which it is located. Such nursing care must be performed by or under the direct supervision of a Nurse. The facility must employ at least one, full-time (at least 30 hours per week), Nurse. A Nurse must be on duty or on call in the facility at all times.

If a facility has multiple licenses or purposes, a separate portion, ward, wing or unit thereof can qualify as a Nursing Facility only if that portion, ward, wing or unit is engaged primarily in providing such nursing care in accordance with the authority granted by its license.

Excluded Places: The definition of a Nursing Facility does NOT include any of the following:

1. A clinic or hospital;
2. A sub-acute care or rehabilitation hospital or unit;
3. A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
4. An Assisted Living Facility;
5. The Covered Person's Home or place of residence in an area used principally for independent residential living including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities;

6. An adult residence establishment or environment which is similar to this Rider's definition of a Nursing Facility; or
7. Any facility that is located outside of the United States, its territories and possessions.

Owner Means the person named as owner in the Contract to which this Rider is attached. This Rider can only be attached to a Contract where the Owner is:

1. A living person;
2. Two living persons that are spouses as defined by the Code; or
3. A Grantor Trust.

Plan of Care Is the written, individualized plan for care and support services for the Covered Person that:

1. Has been developed as a result of an assessment and incorporates applicable information provided by the Covered Person's personal physician;
2. Has been prescribed by a Licensed Health Care Practitioner;
3. Fairly, accurately and appropriately addresses the Covered Person's long term care and support service needs; and
4. Specifies the following:
 - a. The type, frequency and duration of all services required to meet those needs;
 - b. The providers appropriate to furnish those services; and
 - c. An estimate of the appropriate cost of such services.

We reserve the right to discuss the Plan of Care with the Licensed Health Care Practitioner. We may also verify that the Plan of Care is appropriate and consistent with generally accepted standards of care for a Chronically Ill Individual. The Plan of Care is to be updated to reflect changes in the Covered Person's functional or cognitive abilities, social situation, and care services needs. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We reserve the right to request periodic updates not more frequently than once every 30 days. No more than one Plan of Care may be in effect at a time.

No benefits are payable under this Rider for the development of a Plan of Care for the Covered Person. The Owner, at his or her own expense, is responsible for obtaining a Plan of Care for the Covered Person.

Qualified Long Term Care Services Means the necessary diagnostic, preventative, therapeutic, curative, treatment, mitigation, and rehabilitative services, and Maintenance or Personal Care Services that are required by a Chronically Ill Individual and provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Important Note: To be eligible for payment under this Rider, not only must the services be Qualified Long Term Care Services, they also must satisfy all requirements for eligibility and conditions for benefit payment stated in this Rider.

Severe Cognitive Impairment Is a loss or deterioration in intellectual capacity that is:

1. Comparable to and includes Alzheimer's Disease and similar forms of irreversible dementia; and
2. Measured by clinical evidence and standardized tests that reliably measure impairment in the covered person's short-term or long-term memory; orientation as to people, places, or time; deductive or abstract reasoning; judgment as it relates to safety awareness.

Substantial Assistance Means either Hands-on Assistance or Standby Assistance.

Hands-on Assistance is the physical assistance of another person without which the individual would be unable to perform ADLs.

Standby Assistance is the presence of another person within arm's reach of the individual that is necessary to prevent, by physical intervention, injury to the individual while the individual is performing the ADL, such as being ready to catch the individual if the individual falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the individual's throat if the individual chokes while eating.

Substantial Supervision Means continual supervision that may include verbal cueing, prompting, gestures, or other demonstrations by another nearby person that is necessary to protect the severely cognitively impaired individual from threats to his or her health or safety, such as may result from wandering.

Waiting Period Means the length of time from the Rider Effective Date that the Covered Person must wait before the Elimination Period begins. Rider Charges for this Rider continue to be deducted during the Waiting Period. The Waiting Period is shown on the Rider Data Pages for this Rider. Please note that no benefits will be provided under this Rider until both the Waiting Period and the Elimination Period have been met. Refer to the definition of Elimination Period.

RIDER CONSIDERATIONS AND PERIOD OF COVERAGE

Consideration This Rider is issued in consideration of the Application.

Rider Effective Date The Rider Effective Date is shown on the Rider Data Pages for this Rider.

Rider Charges While this Rider is in effect, charges for this Rider will be deducted from the Contract Value and the Long Term Care Benefit Base at the end of each Contract Year during the Accumulation Phase of the Contract based on:

1. The Risk Rate, including the risk rate applicable to any optional benefit selected under this Rider; multiplied by
2. The Long Term Care Benefit Base.

If coverage under this Rider is continued as provided in the BENEFITS AFTER THE ANTICIPATED PAYOUT START DATE section, Rider Charges after the Election Date will be assessed as described in the BENEFITS AFTER THE ANTICIPATED PAYOUT START DATE section.

The Long Term Care Benefit Base in the preceding calculation for Rider Charges will be the amount then in effect at the end of the Contract Year after it has been re-calculated to reflect the crediting of interest to the Contract Value and prior to the deduction of Rider Charges, long term care benefits and other withdrawals processed on that date.

If the Contract has multiple Guarantee Period Accounts or multiple Fixed and/or Indexed Accounts, Rider Charges will be deducted from each Account value in the proportion that the Account value bears to the total Contract Value.

If the Contract is surrendered at any time other than at the end of a Contract Year, a prorated portion of the Rider Charges, applicable to the coverage provided for the partial year, will be deducted from the Contract Value.

The Rider Charge collected by us in a Contract Year may not exceed the amount of interest in the Contract. If we are unable to collect the Rider Charge, we will carry over the uncharged Rider Charge to the following Contract Year.

The initial Risk Rates and Maximum Risk Rates for this Rider are shown on the Rider Data Pages for this Rider.

Rider Rate Changes Subject to rate requirements applicable in the state in which the Contract was issued, we may change the Risk Rates for this Rider on any Contract anniversary. The initial Risk Rates are the rates we intend to charge for this Rider. Any rate change will be made only when we change the rates for all riders in the same rate class on the same form as this Rider that are issued in the same state as this Rider. However, the rates after such a change will never exceed the Maximum Risk Rates shown on the Rider Data Pages for this Rider. We will give the Owner at least 60 days prior written notice before the effective date of any rate change. The Risk Rate will never be changed due to a change in the Covered Person's age or health.

Rider Termination This Rider may be terminated within the 30-day period following a Contract Anniversary by a written request from the Owner.

This Rider will remain in force until it terminates on the earliest of:

1. The date the requirements specified in the definition of Covered Person are no longer met;
2. The date when the Annuitant is changed;
3. The date when the Primary Beneficiary is changed, if the Covered Person is not an Owner and is the spouse of the Owner;
4. The date the Contract is surrendered;
5. The date the Long Term Care Benefit Base is reduced to zero, except as provided in the BENEFITS AFTER THE ANTICIPATED PAYOUT START DATE section;
6. The date of death of the Covered Person;
7. The date the Owner requests to terminate this Rider;
8. The date the Contract Value is reduced to zero, except as provided in the BENEFITS AFTER THE ANTICIPATED PAYOUT START DATE section; or
9. The Payout Start Date, except as provided in the BENEFITS AFTER THE ANTICIPATED PAYOUT START DATE section.

Upon termination of this Rider, no further benefits will be paid under this Rider except as provided under the Extended Coverage When Rider Terminates While Confined provision in this Rider.

Extended Coverage When Rider Terminates While Confined If this Rider terminates due to Lapse before the Election Date while the Covered Person is confined in a Nursing Facility or Assisted Living Facility, the Covered Person will continue to be eligible for benefits until the earliest of:

1. The date the Covered Person's continuous confinement in such a facility ceases;
2. The date the Long Term Care Benefit Base is reduced to zero; or
3. The date the Covered Person ceases to meet the requirements of the Eligibility for Payment of Benefits provision in the LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS section of this Rider.

If this Rider terminates due to Lapse after the Election Date while the Covered Person is confined in a Nursing Facility or Assisted Living Facility, the Covered Person will continue to be eligible for benefits until the earliest of:

1. The date the Covered Person's continuous confinement in such a facility ceases;
2. The date that the sum of all Monthly Enhanced Benefit Amounts paid after the Election Date equals the Enhancement Factor multiplied by the Long Term Care Benefit Base on the Election Date, increased annually by the Inflation Percentage if applicable; or
3. The date the Covered Person ceases to meet the requirements of the Eligibility for Payment of Benefits provision in the LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS section of this Rider.

Payment of benefits under this provision is subject to the Elimination Period and all other applicable provisions of this Rider and the Contract. The Long Term Care Benefit Base when extended coverage begins under this provision will be equal to the Long Term Care Benefit Base at the time of Lapse of this Rider, and will reflect any reductions to the Long Term Care Benefit Base that might occur at the time of Lapse due to withdrawals from the Contract. Each benefit payment under this provision will reduce the Contract Value and the Long Term Care Benefit Base as provided in the LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS section. Each withdrawal while extended coverage is in effect under this provision following Lapse of the Rider will reduce the Long Term Care Benefit Base as provided in the EFFECT OF OTHER PAYMENTS section.

No benefits will be payable for Home Health Care if this Rider terminates due to Lapse.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Eligibility for the Payment of Benefits For benefits to be payable under this Rider:

1. The Covered Person must be a Chronically Ill Individual;
2. We must receive a Current Eligibility Certification for the Covered Person;
3. We must receive ongoing proof which demonstrates that the Qualified Long Term Care Services the Covered Person receives are needed due to his or her continually being a Chronically Ill Individual. Such proof must be satisfactory to Us. The proof can be based on information from:
 - a. Care providers;
 - b. Personal physicians; or
 - c. Other Licensed Health Care Practitioners; and
4. We must receive proof that the Covered Person received Qualified Long Term Care Services.

Conditions for Payment Benefits will be payable under this Rider if the Covered Person becomes a Chronically Ill Individual while this Rider is in force, subject to the Waiting Period, when all of the following conditions are met:

1. An Owner must elect to claim benefits under this Rider;
2. The Qualified Long Term Care Services are provided pursuant to a written Plan of Care prescribed by a Licensed Health Care Practitioner;
3. The Covered Person has not exhausted any limits applicable to the specific benefits claimed;
4. The Covered Person satisfies the Elimination Period; and
5. Except as stated in the Extended Coverage When Rider Terminates While Confined provision in the RIDER CONSIDERATIONS AND PERIOD OF COVERAGE section of this Rider, the Contract and this Rider must be in force on the date the Covered Person receives Qualified Long Term Care Services.

Once we determine that the Covered Person is eligible for benefits, the Covered Person's eligibility for benefits will continue for as long as:

1. The Covered Person continues to be a Chronically Ill Individual and continues to receive Qualified Long Term Care Services; and
2. Neither the Long Term Care Benefit Base nor the Contract Value has been reduced to zero, except as provided in the BENEFITS AFTER THE ANTICIPATED PAYOUT START DATE section; and
3. This Rider and the Contract remain in force.

We reserve the right to perform periodic reassessments of the Covered Person's eligibility.

Benefit Payments If the Covered Person continually meets the eligibility and conditions for payment as provided under the Eligibility for the Payment of Benefits and Conditions for Payment provisions, Monthly Benefit Amounts will be paid under this Rider subject to the Waiting Period and Elimination Period as shown on the Rider Data Pages for this Rider. Benefit payments made under this Rider are not subject to withdrawal charges or Market Value Adjustments.

The Monthly Benefit Amount may be reduced, if necessary, to comply with HIPAA limits as described in the definition of the Monthly Maximum Benefit. It may also be reduced upon your request. If the Monthly Benefit Amount is reduced, both the Monthly Base Benefit Amount and the Monthly Enhanced Benefit Amount will be reduced pro-rata, and the Monthly Benefit Amount will be the sum of the reduced Monthly Base Benefit Amount and the reduced Monthly Enhanced Benefit Amount.

Upon payment of the Monthly Benefit Amount, the Contract Value and the Long Term Care Benefit Base will be reduced by the Monthly Base Benefit Amount. If the Contract has multiple Guarantee Period Accounts or multiple Fixed and Indexed Accounts, the Monthly Base Benefit Amount will be deducted from each account value in the proportion that the account value bears to the total Contract Value.

The Monthly Base Benefit Amount cannot exceed the Long Term Care Benefit Base immediately prior to the payment. If it does, the Monthly Base Benefit Amount will be reduced to equal the Long Term Care Benefit Base. The Monthly Enhanced Benefit Amount will be reduced proportionately. Upon payment of the reduced Monthly Benefit Amount, the Long Term Care Benefit Base will be reduced to zero and this Rider will terminate.

The Contract's minimum Contract Value requirement will not apply when this Rider is attached and in effect.

Recovery of Covered Person Benefit payments under this Rider will cease when the Covered Person has recovered from being a Chronically Ill Individual. If the Long Term Care Benefit Base has not been reduced to zero at time of the recovery, this Rider will remain in force.

If the Covered Person becomes Chronically Ill again and meets the requirements of the Eligibility for the Payment of Benefits and Conditions for Payment provisions of this Rider, benefit payments under this Rider will resume. The Monthly Maximum Base Benefit and the Monthly Maximum Enhanced Benefit will be recalculated based on the then current Long Term Care Benefit Base. In no event will the Monthly Maximum Base Benefit and the Monthly Maximum Enhanced Benefit be lower than these amounts at the time of prior recovery. When the Optional Inflation Protection Benefit is included and in effect, the Monthly Maximum Base Benefit and the Monthly Maximum Enhanced Benefit may increase annually as provided in the OPTIONAL INFLATION PROTECTION BENEFIT section of this Rider.

BENEFITS AFTER THE ANTICIPATED PAYOUT START DATE

This Rider will terminate on the Payout Start Date or if the Contract Value is reduced to zero, except as provided in this section. If all the requirements of this section are met, the Owner can elect on the Election Date to continue coverage for benefits for Qualified Long Term Care Services under this rider after the Payout Start Date or after the Contract Value is reduced to zero due to a withdrawal or a 1035 exchange. On the Election Date, the Contract must be in the Accumulation Phase and the Contract Value and the Long Term Care Benefit Base must be greater than zero. The Election Date cannot be earlier than 90 days prior to the anticipated Payout Start Date shown on the Annuity Data Page.

If the Owner elects to continue coverage for benefits for Qualified Long Term Care Services under this rider per the terms of this section, the sum of all Monthly Enhanced Benefit Amounts for Qualified Long Term Care Services that may be payable after the Election Date will be the Enhancement Factor multiplied by the Long Term Care Benefit Base on the Election Date.

After the Election Date, the Monthly Base Benefit Amount will not be paid. The Monthly Maximum Enhanced Benefit payable after the Election Date will be the Monthly Maximum Enhanced Benefit in effect on the Election Date. If the Optional Inflation Protection Benefit is in effect on the Election Date, the Monthly Maximum Enhanced Benefit and the sum of all remaining Monthly Enhanced Benefit Amounts that may be payable will be increased by the Inflation Percentage on each Contract Anniversary after the Election Date.

Benefits payable after the Election Date will be subject to the Eligibility for Payment of Benefits, Conditions for Payment and Recovery of Covered Person provisions in the LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS section of this Rider. This coverage can be terminated at the request of the Owner within 30 days following any Contract Anniversary after the Election Date. No benefits for Qualified Long Term Care Services are payable after termination.

At our discretion, we may make other options available for the Owner to continue coverage after the anticipated Payout Start Date.

If the Covered Person is Chronically Ill on the anticipated Payout Start Date shown on the Annuity Data Page, the Contract will be continued in the Accumulation Phase while the Covered Person remains Chronically Ill.

If the Owner elects on the Election Date to begin the Payout Phase, and subsequently the Covered Person becomes Chronically Ill, then, subject to HIPPA limits at the time, the sum of the Monthly Maximum Enhanced Benefit and annuity payments made under the Income Plan while the Covered Person remains Chronically Ill will be benefits for Qualified Long Term Care Services.

Charges for Coverage After the Election Date The annual Rider Charge for coverage after the Election Date will be equal to the Risk Rate times the Long Term Care Benefit Base on the Election Date. On each Contract Anniversary after the Election Date on which the Optional Inflation Protection Benefit is effective, the Rider Charge amount for the next Contract Year will be increased by the Inflation Percentage.

If the Contract Value is reduced to zero on the Election Date due to a withdrawal or a 1035 Exchange, the Owner will pay the actuarial present value of future Rider Charges on the Election Date as a single amount that is deducted from the Contract Value at the time of withdrawal or 1035 Exchange. This will be treated as a charge against the Contract Value before the withdrawal or the 1035 exchange.

If the Owner elects to begin the Payout Phase on the Election Date, the Owner can opt to pay the actuarial present value of future Rider Charges on the Election Date as a single amount that is deducted from the Contract Value prior to application of the Contract Value to an Income Plan. Alternatively, the annual Rider Charges can be deducted in equal installments from the annuity payments in each 12-month period under the Income Plan chosen by the Owner.

If the actuarial present value of future Rider Charges is paid as a single amount on the Election Date, the actuarial present value will be calculated based on the mortality and interest rates specified in the Income Payment Tables section of the Contract.

OPTIONAL INFLATION PROTECTION BENEFIT

This Optional Inflation Protection Benefit is only provided under this Rider if:

1. It was elected to be included by the Owner in the Application for this Rider;
2. It is shown as being included in the Rider Data Pages for this Rider; and
3. The Owner pays any required additional Purchase Payments as described in this provision.

This benefit allows the Owner the option, while this Rider and this Optional Inflation Protection Benefit are in force, to increase the Long Term Care Benefit Base, the Monthly Maximum Base Benefit, and the Monthly Maximum Enhanced Benefit on each Contract Anniversary by the Inflation Percentage as described in this section.

On the first Contract Anniversary on which this Optional Inflation Protection Benefit is in effect, we will calculate a target Long Term Care Benefit Base equal to:

1. The Long Term Care Benefit Base on the date the Optional Inflation Protection Benefit was first effective; multiplied by
2. The sum of 1 plus the Inflation Percentage; less
3. The sum of all withdrawals and Monthly Base Benefit Amounts paid since the effective date of the Optional Inflation Protection Benefit.

On each Contract Anniversary after the first Contract Anniversary on which this Optional Inflation Protection Benefit is in effect, we will calculate a target Long Term Care Benefit Base equal to:

1. The target Long Term Care Benefit Base calculated on the previous contract anniversary or the Long Term Care Benefit Base on the previous contract anniversary, whichever is greater; multiplied by
2. The sum of 1 plus the Inflation Percentage; less
3. The sum of all withdrawals and Monthly Base Benefit Amounts paid during the Contract Year just ended.

If the Long Term Care Benefit Base on the Contract Anniversary is less than the target Long Term Care Benefit Base calculated on the Contract Anniversary, we will calculate the required additional Purchase Payment equal to the target Long Term Care Benefit Base minus the Contract Value on the Contract Anniversary. If the required additional Purchase Payment is less than or equal to zero, then the Long Term Care Benefit Base will be increased to equal the target Long Term Care Benefit Base and no required additional Purchase Payment is necessary. If the required additional Purchase Payment is greater than zero, then the Long Term Care Benefit Base will be increased to equal the target Long Term Care Benefit Base upon payment of the required additional Purchase Payment. If the Long Term Care Benefit Base on the Contract Anniversary is greater than the target Long Term Care Benefit Base calculated on the Contract Anniversary, no required additional Purchase Payment is necessary and the Long Term Care Benefit Base will not be increased.

If benefits have previously been paid for Qualified Long Term Care Services under this Rider, upon payment of the required additional Purchase Payment, if any, the Monthly Maximum Base Benefit for the new Contract Year will equal:

1. The Monthly Maximum Benefit on the previous Contract Anniversary; multiplied by
2. The sum of one plus the Inflation Percentage; divided by
3. One plus the Enhancement Factor.

The Monthly Maximum Enhanced Benefit for the new Contract Year will equal:

1. The Monthly Maximum Base Benefit for the new Contract Year; multiplied by
2. The Enhancement Factor.

If no benefits have been paid for Qualified Long Term Care Services under this Rider, the Monthly Maximum Base Benefit and the Monthly Maximum Enhanced Benefit will be determined for a future claim based on the amount of the Long Term Care Benefit Base on the first day of the month in which the first benefit payment is made for Qualified Long Term Care Services.

If the Owner does not pay the required additional Purchase Payment within 90 days from the Contract Anniversary, this Optional Inflation Protection Benefit will terminate and cannot be reinstated.

OPTIONAL NONFORFEITURE BENEFIT

This Optional Nonforfeiture Benefit is only provided under this Rider when elected by the Owner in the Application for this Rider and it is shown on the Rider Data Pages for this Rider.

If, after it has been in force for three years, this Rider terminates for any reason other than death of the Covered Person or because the Long Term Care Benefit Base has been reduced to zero due to payment of benefits for Qualified Long Term Care Services under this Rider; this Rider will provide a reduced benefit for Qualified Long Term Care Services. This Nonforfeiture Benefit will be payable in lieu of the benefits described in this Rider, and this Rider will be in paid-up status.

The sum of all benefits that may be payable while this Rider is in paid-up status will be the greater of the Monthly Maximum Enhanced Benefit applicable at the time of termination or the sum of all Rider Charges for this Rider. However, the sum of all the benefits payable while this Rider is in paid-up status will not be greater than the Enhancement Factor multiplied by the Long Term Care Benefit Base at the time of termination.

While this Rider is in paid-up status, the Monthly Base Benefit Amount will not be paid. The maximum benefit amount paid each month cannot be greater than the Maximum Monthly Enhanced Benefit in effect at the time of termination.

Benefits payable upon termination of this Rider under this Optional Nonforfeiture Benefit will be subject to the Eligibility for Payment of Benefits, Conditions for Payment and Recovery of Covered Person provisions in the LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS section of this Rider. While this Rider is in paid-up status, annual Inflation Percentage increases provided under the Optional Inflation Protection Benefit, if included, will cease.

If this Optional Nonforfeiture Benefit is terminated at the request of the Owner without termination of this Rider, no nonforfeiture benefit will be provided if this Rider is subsequently terminated. Once terminated, the Optional Nonforfeiture Benefit cannot be reinstated.

CONTINGENT NONFORFEITURE BENEFIT

We will notify the Owner prior to any change in the Risk Rate for this Rider. Anytime the cumulative amount of all such increases in the Risk Rate for this Rider equals or exceeds the Substantial Cumulative Increase percentage shown in the following table we will give the Owner the right to:

1. Reduce benefits so that the required Rider Charges for this Rider are not increased; or
2. Elect the Shortened Benefit Period Option as described in the Shortened Benefit Period Option provision of this Rider.

If the Owner elects to reduce benefits, the Long Term Care Benefit Base will be reduced. The Long Term Care Benefit Base after the reduction will be equal to:

1. The Long Term Care Benefit Base immediately prior to the reduction; multiplied by
2. The Risk Rate prior to the increase; divided by
3. The Risk Rate after it is increased.

The notification will inform the Owner that a Lapse that occurs during the 120-day period following the date of the rate increase will be deemed to be the election of the Shortened Benefit Period Option and terminate the Rider.

Shortened Benefit Period Option This Option provides paid-up benefits with a reduced benefit for Qualified Long Term Care Services.

The sum of all benefits that may be payable while this Rider is in paid-up status will be the greater of:

1. The Monthly Maximum Enhanced Benefit applicable at the time of termination; or
2. The sum of all Rider Charges for this Rider.

However, the sum of all benefits that may be payable while this Rider is in paid-up status will not be greater than the Enhancement Factor multiplied by the Long Term Care Benefit Base at the time of termination.

While this Rider is in paid-up status, the Monthly Base Benefit Amount will not be paid. The maximum benefit amount paid each month cannot be greater than the Monthly Maximum Enhanced Benefit in effect at the time of termination of this Rider.

Benefits payable upon termination of this Rider under this Contingent Nonforfeiture Benefit will be subject to the Eligibility for Payment of Benefits, Conditions for Payment and Recovery of Covered Person provisions in the LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS section of this Rider. While this Rider is in paid-up status, annual Inflation Percentage increases provided under the Optional Inflation Protection Benefit, if included, will cease.

Triggers Indicating Substantial Cumulative Increases In Rider Risk Rates

This Contingent Nonforfeiture Benefit is available if any of the following triggers are met.

<u>Covered Person's Issue Age</u>	<u>Increase Over Initial Risk Rate</u>	<u>Covered Person's Issue Age</u>	<u>Increase Over Initial Risk Rate</u>	<u>Covered Person's Issue Age</u>	<u>Increase Over Initial Risk Rate</u>
Under 30	200%	66	48%	79	22%
30 – 34	190%	67	46%	80	20%
35 – 39	170%	68	44%	81	19%
40 – 44	150%	69	42%	82	18%
45 – 49	130%	70	40%	83	17%
50 – 54	110%	71	38%	84	16%
55 – 59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 & older	10%
65	50%	78	24%		

EFFECT OF BENEFIT PAYMENTS ON OTHER CONTRACT BENEFITS

When Rider Charges are assessed or benefit payments are made under this Rider, the following benefits provided under the Contract will be affected as indicated.

Effect on Death Benefit The Death Benefit payable under the Contract will be reduced by the same amount by which the Contract Value is reduced due to Rider Charges and benefit payments under this Rider, but will not be less than the Minimum Guaranteed Value, if applicable. The Minimum Guaranteed Value, if applicable, will be affected as indicated in the next paragraph.

Effect on Minimum Guaranteed Value If the Contract provides a Minimum Guaranteed Value, the Minimum Guaranteed Value will be reduced by all Rider Charges for this Rider and all Monthly Base Benefit Amounts paid under this Rider, as well as interest on each Rider Charge assessed and each Monthly Base Benefit Amount at the annual Minimum Guaranteed Value Rate. The interest on each amount will be calculated beginning on the date the amount was transacted and ending on the date of calculation of the Minimum Guaranteed Value.

Effect on Return of Purchase Payment Guarantee or Return of Purchase Payment Guarantee Rider If the Contract provides a Return of Purchase Payment Guarantee or includes a Return of Purchase Payment Guarantee Rider, the amount we pay you on a withdrawal of the entire contract value will be reduced by all Rider Charges for this Rider and all Monthly Base Benefit Amounts paid under this Rider.

Effect on Withdrawal Benefit Rider If the Contract has a Withdrawal Benefit Rider attached, the Withdrawal Benefit Rider Benefit Base calculated at the beginning of each Contract Year will be reduced in the same proportion that the Monthly Base Benefit Amounts paid and Rider Charges assessed under this Rider during the prior Contract Year have to the Contract Value. These adjustments are applied in addition to the procedure described in the Withdrawal Benefit Rider for calculation of the Withdrawal Benefit Rider Benefit Base.

EFFECT OF OTHER PAYMENTS

Effect of Withdrawals A withdrawal will decrease the Long Term Care Benefit Base, but only to the extent that it reduces the Contract Value below the Long Term Care Benefit Base in effect immediately prior to the withdrawal.

Effect of Payouts During the Contract Payout Phase This Rider will terminate on the Payout Start Date, except as provided in the BENEFITS AFTER THE ANTICIPATED PAYOUT START DATE section.

Effect of Death Benefit Payments The death of the last surviving Owner will terminate this Rider, unless the Covered Person is the sole Primary Beneficiary and continues the Contract in the Accumulation Phase. Benefits under this Rider for Qualified Long Term Care Services received by the Covered Person prior to death of the Owner may be paid if the Long Term Care Benefit Base has not been exhausted, until a beneficiary elects one of the Death of Owner Options under the Contract with respect to his or her share of the Death Proceeds. At that time the Long Term Care Benefit Base will be reduced to zero, and no further benefits will be paid under this Rider.

GENERAL EXCLUSIONS AND LIMITATIONS

No payment will be made for any room and board, care, treatment, services, equipment or other items:

1. Provided by a member of the Covered Person's Immediate Family, unless:
 - a. He or she is a regular employee of the organization that is providing the services; and
 - b. Such organization receives payment for the services; and
 - c. He or she receives no compensation other than the normal compensation for employees in her or his job category;
2. For which no charge is normally made in the absence of insurance;
3. Provided outside of the United States of America, its territories and possessions;
4. Provided by or in a Veterans Administration or federal government facility, unless required by law; or
5. Resulting, directly or indirectly, from:
 - a. War or act of war, whether declared or not;
 - b. Attempted suicide or an intentionally self-inflicted injury; or
 - c. The Covered Person's alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed physician.

CLAIMS PROVISIONS

No benefits will be paid under this Rider after the Death Benefit has been paid under the Contract. Refer to the Effect of the Payout Start Date or Death Benefit Payments provision in the EFFECT OF OTHER PAYMENTS section of this Rider.

Notice of Claim We must be notified when there is a claim. The notice must be received by us within 30 days of the date the covered loss starts. The notice should include at least the Owner's name, Covered Person's name, contract number, as shown on the Rider Data Pages for this Rider, and address to which the claim forms should be sent.

If the Owner has designated an irrevocable beneficiary, such beneficiary must sign-off on the claim.

Claim Forms Once we receive notice of claim, we will send out the necessary forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant may meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

Proof of Loss Written proof of loss must be received by us within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is given as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the Owner was legally incapacitated. If proof of loss is received after the Contract Value or the Long Term Care Benefit Base has been reduced

to zero, no benefits will be payable under this Rider, except as provided in the BENEFITS AFTER THE ANTICIPATED PAYOUT START DATE section.

Evaluation of Claims We will obtain information about the Covered Person by working with the Covered Person, the Owner, and the Covered Person's personal physician, as appropriate. We will also obtain information from any Licensed Health Care Practitioners, agencies and other care providers the Covered Person may have consulted.

For the duration of the claim, we must receive ongoing updates to the Covered Person's Plan of Care and Current Eligibility Certifications.

Physical Examinations At our expense, we have the right to require a medical examination of the Covered Person by a physician of our choosing as often as reasonably necessary to determine eligibility for benefits when a claim is made and while benefits continue to be claimed.

Payment of Claims Benefits will be paid to the Owner subject to any incontestability provision. If the Owner is a living person, any benefits unpaid at the Owner's death may be paid to the Owner's estate.

If benefits may be paid to the Owner's estate, we may pay a portion of those benefits, up to \$1,000, directly to someone related to the Owner by blood or marriage, who is deemed by us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

We may pay all or a portion of any benefits for care or services the Covered Person receives to the provider of the care or services if so directed by the Owner in writing at the time proofs of loss are filed.

Time of Payment of Claim After we receive the proper written proof of loss as described in the Notice of Claim provision, we will pay any benefits then due within 30 days.

Appeal Process We will inform the Owner in writing if a claim, or any part of a claim, is denied. If it is believed that our decision on a claim is in error, the Owner may appeal, and we will reconsider the claim. To make an appeal, the Owner must send us a written statement that explains why we should change our decision. The Owner may authorize someone else to act for him or her in this appeal process.

The written appeal should include the names, addresses and phone numbers of any providers we should contact to learn more about the health and the care received by the Covered Person. This would include those physicians, health care professionals and other care providers who treated the Covered Person, and the facilities from which the Covered Person received care, treatment, services, equipment or other items.

We will provide the Owner with a written explanation of the reasons for any claim denial and make available all information directly related to that denial within 60 days of the date of any written claims appeal. We will immediately pay any benefits due as a result of our reconsideration.

Legal Actions Suit for benefits under this rider cannot be brought sooner than 60 days after we receive written proof of loss as required. No such action may be taken after three years from the time written proof of loss is required.

GENERAL PROVISIONS

Representations In the absence of fraud, any statement made by an Owner or the Covered Person will be deemed a representation and not a warranty. Such statement may not be used in defense of a claim, unless it is contained in a signed Application.

Incontestability Period A misstatement by an Owner or the Covered Person in any Application for the Contract or this Rider may be used to rescind or cancel this Rider or deny an otherwise valid claim. During the first six months following the Effective Date or subsequent Reinstatement date of this Rider, we may take such action only if the misstatement was material to the issuance of this Rider. After the first six months, but before the end of the first twenty-four months, we may take such action only if the misstatement was material to both the issuance of this Rider and the claim for which benefits are being sought. After this Rider has been in force for twenty-four months from the Effective Date or subsequent

Reinstatement date of this Rider, we can take such action only if we can show that an Owner or the Covered Person knowingly and intentionally misrepresented relevant facts relating to the Covered Person's health.

No benefits will be paid under this Rider if it is rescinded or canceled.

Pre-Existing Conditions Not Excluded Except as permitted in the Incontestability Period and Misstatement of Age provisions of this Rider, we will not reduce or deny any claim under this Rider because of sickness or a physical or medical condition that existed before the Effective Date of this Rider.

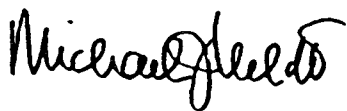
Misstatement of Age If the Covered Person's age is misstated, we will adjust the Rider Charges for this Rider to the amounts that would have applied based on the Covered Person's correct issue age and benefits selected. If this Rider would not have been issued at the correct issue age, all Rider Charges for this Rider will be credited to the Contract Value of the Contract and this Rider will be rescinded.

Reinstatement If the Contract to which this Rider is attached is reinstated, this Rider may also be reinstated, if this Rider was not terminated prior to termination of the Contract, subject to the same terms and conditions of the Reinstatement provision in the Contract, unless the Long Term Care Benefit Base has been exhausted. The reinstatement will be subject to evidence of insurability. Upon reinstatement, this Rider will provide benefits only for Qualified Long Term Care Services received after the date of reinstatement and be subject to all terms and conditions of the Contract and this Rider.

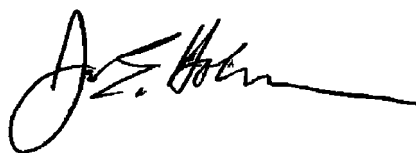
If, however, the Covered Person was a Chronically Ill Individual when the Contract and this Rider Lapsed and, if the reinstatement is requested within five months after the date of the Lapse, then in lieu of submitting evidence of insurability, the Contract and this Rider may be reinstated by submitting to us satisfactory proof that the Covered Person was a Chronically Ill Individual at the time of Contract and Rider Lapse. Upon reinstatement, this Rider will provide benefits for Qualified Long Term Care Services received after the date of the Lapse as if coverage had remained in force and be subject to all terms and conditions of the Contract and this Rider.

Conformity With Internal Revenue Code If this Rider does not comply with the requirements of Section 7702B(b) of the Code it will be changed to comply with those requirements. Because this Rider is guaranteed renewable, we will inform the Owner in writing of any such required change in the provisions of this Rider.

Conformity With State Law If any part of this Rider does not comply with the law of the state in which the Contract was issued, we will consider that part of the Rider modified to comply with applicable state law.



Michael J. Velotta
Secretary



James E. Hohmann
President and Chief Executive Officer

RIDER FOR LONG TERM CARE SERVICES DATA PAGE

Contract Number:.....[000000000]

Rider Effective Date:..... [January 1, 2008]

Covered Person:..... [John Doe]

Waiting Period: [2 Years]

Coverage Commencement Date: [January 1, 2010]

Elimination Period:90 Days*

*The Elimination Period cannot begin prior to the Coverage Commencement Date.

Coverage

Long Term Care Benefit Base:[\$100,000**]

Enhancement Factor:.....[25%]

Acceleration Percentage:.....[2%]

[Optional Inflation Protection Benefit [Included]
[Inflation Percentage:.....[5%]]

[Optional Nonforfeiture Benefit:[Included]

**The Long Term Care Benefit Base shown is the amount in effect on the Rider Effective Date and will change over time.

Risk Rates

The following risk rates are per \$1,000 of Long Term Care Benefit Base and include the applicable charge for the Optional Nonforfeiture Benefit, if included.

Initial Risk Rate:.....[\$7.50]

Maximum Risk Rates:.....[\$7.50 for 6 years]
[\$11.25 thereafter]

Refer to the provisions of the Rider for additional details on benefits, Rider Charges and Rider Rate Changes.

LONG TERM CARE INSURANCE RIDER - ANNUITY APPLICATION SUPPLEMENT



Allstate
You're in good hands.

Allstate Life Insurance Company
Standard Mail - P.O. Box 80469, Lincoln, NE 68501
Express Mail - 2940 S. 84th St. Lincoln, NE 68506-4142

FIC272

THIS APPLICATION SUPPLEMENT MUST BE SUBMITTED FOR THE RIDER FOR LONG TERM CARE SERVICES. THE RIDER PROVIDES FOR LONG TERM CARE INSURANCE WHICH IS INTENDED TO BE A FEDERALLY QUALIFIED LONG TERM CARE INSURANCE CONTRACT AND MAY QUALIFY YOU FOR FEDERAL AND STATE TAX BENEFITS. THIS APPLICATION SUPPLEMENT MUST BE COMPLETED AND SIGNED IN THE PRODUCER'S PRESENCE.

Please attach to the back of the base annuity application.

A. Proposed Covered Person (Must be Annuitant on Annuity application. Joint Annuitants Not Allowed.)

1) Proposed Covered Person's Name (First, Middle, Last)	2) Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
3) Relationship to Owner: <input type="checkbox"/> Self <input type="checkbox"/> Spouse If the Owner is a Grantor Trust: <input type="checkbox"/> Grantor <input type="checkbox"/> Spouse of Grantor Coverage cannot be issued unless relationship is one of the above.	4) SSN/TIN
5) Is the Proposed Covered Person the primary beneficiary on the Annuity application? (If the Proposed Covered Person is the spouse of the Owner but not a Joint Owner, the Proposed Covered Person must be the sole beneficiary on the Annuity application.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Owner (Must be the same as the Owner on Annuity application.)

1) Owner Name (First, Middle, Last)	2) SSN/TIN
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C. Joint Owner (If any, must be the Spouse of the Owner listed on Annuity application.)

1) Joint Owner Name (First, Middle, Last)	2) SSN/TIN
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D. Benefits Selection - Rider for Long Term Care Services

1) Enhancement Factor* (select one): <input type="checkbox"/> 25% <input type="checkbox"/> 35% <input type="checkbox"/> 50%	2) Acceleration Percentage* (select one): <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4%	3) Optional Inflation Protection Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No	4) Optional Nonforfeiture Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No
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*These factors are used to calculate the Monthly Base Benefit Amount.

E. Proposed Covered Person's (Annuitant) Health Questions (Must be completed by Proposed Covered Person in Producer's presence.)

Answer these questions carefully and accurately. The company reserves the right to verify these responses as described in section H. Inaccurate responses can void coverage.

1) Does the Proposed Covered Person require assistance with any of the following activities: meal preparation, house cleaning, shopping, laundry, traveling via car or public transportation, medication management, money management, or phone use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Does the Proposed Covered Person require any type of assistance device (such as walker, cane, wheelchair or scooter), or is restricted in his/her ability to walk or get around?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Does the Proposed Covered Person require assistance for any of the following activities: bathing, getting dressed or undressed, getting in or out of a bed or chair, feeding himself/herself, or use of the toilet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Has the Proposed Covered Person been medically advised by a healthcare professional that he/she will need surgery that has not been performed, to have any diagnostic test, hospitalization, or surgery which has not been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Proposed Covered Person's (Annuitant) Health Questions (Must be completed by Proposed Covered Person in Producer's presence.) (continued)

Answer these questions carefully and accurately. The company reserves the right to verify these responses as described in section H. Inaccurate responses can void coverage.

- 5) Does the Proposed Covered Person reside in a nursing home, residential care or assisted living facility or have you made arrangements or plans to transfer to any such facility within the next 90 days? ☐ Yes ☐ No
- 6) Is the Proposed Covered Person currently receiving any disability income payments from VA disability compensation, worker's compensation, any Federal or state disability payments, or any other type of disability payments? ☐ Yes ☐ No
- 7) During the past 5 years, has the Proposed Covered Person been treated or advised by a healthcare professional, or had any sign or symptoms of any of the following? (Check all that apply.) ☐ Yes ☐ No
- | | |
|---|--|
| <input type="checkbox"/> AIDS (Acquired Immune Deficiency Syndrome) | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> ALS (Lou Gehrig's Disease) | <input type="checkbox"/> Macular Degeneration |
| <input type="checkbox"/> ARC (Aids Related Complex) or positive HIV (Human Immunodeficiency Virus) | <input type="checkbox"/> Memory Loss |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Mental Illness (Schizophrenia, Severe Depression, Severe Bi-Polar Disorder, or any other Psychoses) |
| <input type="checkbox"/> Cerebral Atrophy | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease | <input type="checkbox"/> Metastatic Cancer |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Degenerative Joint Disease (requiring surgery, assistive devices, or narcotic pain medication) | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Myasthenia Gravis |
| <input type="checkbox"/> Diabetes (Type 1) or Diabetes (Type 2) requiring insulin | <input type="checkbox"/> Organic Brain Syndrome |
| <input type="checkbox"/> Dizziness or Fall (when not partaking in a sport or vigorous activity) that caused you to seek medical attention | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Polymyalgia |
| <input type="checkbox"/> Huntington's Chorea | <input type="checkbox"/> Spinal Stenosis |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Kidney Failure | <input type="checkbox"/> Transient Ischemic Attack |
| | <input type="checkbox"/> Tremors |

F. Existing Insurance/Replacement

- 1) Does the Owner or Proposed Covered Person of this application intend to replace any life insurance policies or annuities that provide Long Term Care coverage on the Proposed Covered Person with this contract? (If "Yes", complete, sign and date any necessary life and Long Term Care replacement forms, and provide details in item F4.) ☐ Yes ☐ No
- 2) Does the Owner or Proposed Covered Person of this application have any accident and sickness or Long Term Care insurance coverage (including health care service contract, health maintenance organization contract, life insurance policy or annuity contract with long term care coverage) in force or applied for on the Proposed Covered Person? (If "Yes", complete, sign and date any necessary Long Term Care replacement forms, and provide details in item F4.) ☐ Yes ☐ No
- 3) Does the Owner or Proposed Covered Person of this application intend to replace ANY of the Proposed Covered Person's Long Term Care, medical, or health insurance coverage with this contract? (If "Yes", complete, sign and date any necessary Long Term Care replacement forms, and provide details in item F4.) ☐ Yes ☐ No
- 4) Indicate information details for items 1), 2), and 3) below.

Company	Contract Number	Type of Contract	Long Term Care Daily Limit	Replacing Contract?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

F. Existing Insurance/Replacement (continued)

5) Has there been any other Long Term Care insurance coverage in force on the Proposed Covered Person during the last 12 months?

☐ Yes ☐ No If "Yes", give details below:

Company: _____ If the insurance lapsed, when did it lapse? _____

Company: _____ If the insurance lapsed, when did it lapse? _____

6) Is the Proposed Covered Person covered by Medicaid? ☐ Yes ☐ No

G. Producer Remarks/Additional Information

H. Permit to Obtain and Disclose Certain Data

1. Allstate Life Insurance Company, its reinsurers, consumer reporting agencies, and other parties acting on Allstate Life Insurance Company's behalf may get data about my health, medical history, prescription medication history, and related information, mode of living (except as may be related directly or indirectly to sexual orientation), avocations, finances, credit history, driving record, and any criminal record. I understand that the information obtained by use of this authorization will be used to determine eligibility for insurance and/or benefits, or for Allstate Life Insurance Company to determine its obligations under the contract issued in connection with this application.
2. Any doctor, practitioner, medical or medically related facility, laboratory, Pharmacy Benefit Managers, the Veterans Administration, the Medical Information Bureau, Inc. (MIB, Inc.), viatical settlement company, employer, consumer reporting agency, creditor, government agency, insurance or reinsurance company which has such data about me may give such data to Allstate Life Insurance Company and its reinsurers when this Permit or a copy of it is shown. All sources but the MIB, Inc., may give such data to agents or agencies acting on behalf of Allstate Life Insurance Company. The information as provided herein pursuant to the authorization will not be redisclosed unless authorized by me or otherwise required by law. Covered entities, as defined by the Health Insurance Portability and Accountability Act of 1996, may not condition treatment, payment, enrollment, or eligibility for benefits on whether this Permit is signed.
3. Any request by Allstate Life Insurance Company for medical records is on my behalf; the information must be provided within any requirements imposed by applicable statutes governing patient access to medical records.
4. Data about mental illness, alcoholism, sexually transmitted diseases, and the use of drugs is to be included.
5. Allstate Life Insurance Company or its reinsurers may make a brief report about me to the MIB, Inc.
6. This Permit is valid for 24 months after it is signed.
7. Allstate Life Insurance Company may obtain an investigative consumer report ("inspection report") on me. ☐ I want to be interviewed if such a report is obtained.
8. I have read this Permit and know I may request a copy of it. I may revoke this Permit by writing to Allstate Life Insurance Company. I also have received the IMPORTANT INFORMATION REGARDING MEDICAL EXAMS, NOTICE REGARDING MIB, INSURANCE INFORMATION PRACTICES, NOTICE UNDER THE FAIR CREDIT REPORTING ACT, and other IMPORTANT INFORMATION.

H. Permit to Obtain and Disclose Certain Data (continued)

OTHER IMPORTANT INFORMATION:

For applicants in Arizona: Upon your written request we will provide you, within a reasonable period of time, reasonable factual information concerning the benefits and provisions of the annuity contract. If for any reason you are not satisfied with this contract, you may return it within 30 days after it is delivered and receive a full refund of all monies paid.

For Applicants in Arkansas, Kentucky, Louisiana, Maine, New Mexico, Ohio, and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Applicants in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For Applicants in District of Columbia, Tennessee, Washington and Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.

For Applicants in Florida: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

For Applicants in Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Applicants in Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss of other benefit, or presents more than one claim for the same damage loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

Caution: If your answers on this application are incorrect or untrue, Allstate Life Insurance Company has the right to deny benefits or rescind the owner's contract.

I. Representations

Rejection of Optional Inflation Protection Benefit

☐ I/We, the Owner(s) have reviewed the Outline of Coverage and the explanation of the Optional Inflation Protection Benefit, and hereby reject the Optional Inflation Protection Benefit offered under the contract.

Protection Against Unintentional Lapse: I/We, the Owner(s), understand that I/We have the right to designate at least one person other than Myself/Ourselves to receive notice of lapse or termination of the Rider for Long Term Care Services for nonpayment of premium. I/We understand that notice will not be given until 30 days after a premium is due and unpaid.

Name: _____ Relationship: _____

Home Address: _____

City, State, ZIP: _____

☐ I/We, the Owner(s), elect NOT to designate any person to receive such notice.

J. Declarations for Proposed Covered Person and Owner/Signatures

I (we) (each undersigned) declare that all answers written on this application are full and correct to the best of my (our) knowledge and belief. Except in Maine, Missouri, New Jersey, Oregon, and South Carolina, Allstate Life Insurance Company is not presumed to know any information not in this application. I (we) also understand that:

1. The insurance being applied for is suitable for my (our) insurance needs.
2. This application will be part of the contract for which I (we) apply.
3. I (we) will notify the Insurer if any statements or answers given in the application change prior to Rider issuance.
4. Allstate Life Insurance Company may add to or correct the application on an addendum page. Any changes are agreed to if the Rider issued is accepted by me (us), but written agreement will be obtained from me (us) for any change in benefits or age at issue. (In West Virginia, Maryland, New Hampshire, and Pennsylvania, written consent will be obtained for any changes.)
5. The provisions under this Rider will start when the Rider is issued. No provisions or insurance will start if at that time the health of the Proposed Covered Person is not as described in the application.
6. I (we) acknowledge that I (we) have read and understand this application, including the Important Information Regarding Medical Exams, Notice Regarding The MIB, Insurance Information Practices, Notice Under the Fair Credit Reporting Act, the Privacy Policy, the Outline of Coverage, Things You Should Know Before You Buy Long Term Care Insurance, Long Term Care Personal Worksheet, Long Term Care Insurance Potential Rate Increase Disclosure Form, a Replacement Notice (if applicable), and other Important Information. I (we) acknowledge receipt of these notices.
7. Only an officer of Allstate Life Insurance Company may change this application or waive a right or requirement. No agent may do this.
8. ALL QUESTIONS WERE ASKED OF ME (US) AND I (WE) HAVE READ ALL INFORMATION BEFORE SIGNING.
9. I (we) understand and agree that the statements above, along with the application, will be the basis for any insurance issued.

SUBSTITUTE FORM W-9

Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Sign Here

Signature of Proposed Covered Person

Printed Name of Proposed Covered Person

Date signed (MM/DD/YYYY)

Signature of Owner (if other than Proposed Covered Person)

Printed Name of Owner

Signature of Joint Owner (if other than Proposed Covered Person)

Signed at: City

State

K. Producer Information

Other than as listed in the table following Question F4, have you sold this Proposed Covered Person any Long Term Care or health policies in the past 5 years that are no longer in force?

☐ Yes ☐ No

If "yes" to above, list company, type, and lapse date for each such contract.

Company	Type of Contract	Lapse Date

SIGN HERE

Signature of Producer

Date (MM/DD/YYYY)

Printed Name of Producer

Producer's Number

IMPORTANT INFORMATION REGARDING MEDICAL EXAMS

As part of the underwriting process we may ask for medical tests or exams to be completed at our expense. Common tests may include a paramedical exam, which will consist of questions about your medical history and measurements of your body including, but not limited to height, weight, blood pressure, and pulse. Blood and urine specimens are also generally collected. Undressing is not required for any of these tests.

In some instances, an EKG (Electrocardiogram) may be required. An EKG is a recording of the electrical impulses in the heart. You will be asked to lay down with your shirt unbuttoned so the EKG leads can be placed on your chest.

If you have any questions about the specific tests that will be required of you, please feel free to contact your agent.

NOTICE REGARDING THE MIB

Information regarding your insurability will be treated as confidential. Allstate Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or healthy insurance coverage, or a claim for benefits is submitted to such company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of this information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Allstate Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

INSURANCE INFORMATION PRACTICES

We will rely primarily on the information you give us. We may also get information from other sources, such as doctors, or other medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to gather information and send us an investigative consumer report as explained in the Notice Under the Federal Fair Credit Reporting Act below. You may ask to be interviewed as part of the preparation of any such report.

In certain limited circumstances, we are allowed by law to disclose necessary items of personal information to third parties without your specific authorization.

You have the right to be told about and to see and copy items of personal information about you that appear in our files, including information contained in the investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

We will send you a more detailed explanation of our information practices if you send us a written request. You may send your request to Underwriting Department, Allstate Life Insurance Company, P.O. Box 80469, Lincoln, Nebraska 68501.

NOTICE UNDER THE FAIR CREDIT REPORTING ACT

In compliance with the Federal Fair Credit Reporting Act, you are hereby notified that an investigative report may be made. This would be by personal interviews with neighbors, friends, associates, or other persons. This will concern the character, general reputation, personal characteristics, and mode of living (except as may be related to sexual orientation) of any person proposed for insurance. You may obtain additional information concerning the nature and scope of this investigation and a written summary of your rights under the Federal Fair Credit Reporting Act by contacting our Home Office. Our address is Allstate Life Insurance Company, P.O. Box 80469, Lincoln, Nebraska 68501. Upon your written request, you will be informed whether or not an investigation was made by us. If so, you will receive the name and address of the consumer reporting agency involved. You may receive and inspect a copy of the Investigative Consumer Report by contacting the consumer reporting agency.



Allstate Life Insurance Company
Standard Mail - P.O. Box 80469, Lincoln, NE 68501
Express Mail - 2940 S. 84th St. Lincoln, NE 68506-4142
Tel: 1-800-755-5275

LONG TERM CARE INSURANCE - OUTLINE OF COVERAGE

For Rider for Long Term Care Insurance Services (Rider Form Series LU10913)

QUALIFIED LONG TERM CARE BENEFITS WILL NOT BE PROVIDED UNTIL AFTER THE TWO-YEAR WAITING PERIOD

CAUTION: The issuance of the Rider is based upon the responses to the questions on the Application. A copy of the Application will be enclosed with the issued Rider or retained by the Owner at time of Application for the Rider. If any answers are incorrect or untrue, We have the right to deny benefits or rescind the Rider. The best time to clear up any questions is now, before a claim arises! If, for any reason, any answers are incorrect, contact Our Home Office at the above address.

NOTICE TO BUYER: The Rider described in this Outline of Coverage may not cover all of the costs associated with long term care which may be incurred by the Covered Person during the period of coverage. The buyer is advised to review carefully the limitations of the Rider.

1. The Rider described in this Outline of Coverage is attached to, and made part of, an individual annuity Contract.

2. PURPOSE OF OUTLINE OF COVERAGE

This Outline of Coverage provides a very brief description of the important features of the Rider. You should compare this Outline of Coverage to outlines of coverage for other policies and riders available to You. This is not an insurance Contract, but only a summary of coverage. Only the Rider and the individual annuity Contract contain governing contractual provisions. This means that the Rider and the annuity Contract set forth in detail the rights and obligations of both You and the insurance company. Therefore, if You purchase this coverage, or any other coverage, it is important that You **READ YOUR CONTRACT AND RIDER CAREFULLY!**

3. FEDERAL TAX CONSEQUENCES

For taxable years beginning after December 31, 2009, the Rider is intended to be federally tax-qualified long term care insurance under section 7702B of the Internal Revenue Code of 1986. For taxable years beginning before January 1, 2010, the Rider is intended to provide Qualified Long Term Care Services as these services are defined in section 7702B of the Code, but will not be considered to provide federally tax-qualified long term care insurance.

4. TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED

RENEWABILITY: THE RIDER IS GUARANTEED RENEWABLE. This means the Owner has the right, subject to the terms of the annuity Contract and the Rider, to continue the Rider as long as the annuity Contract remains in force. During that time, We cannot cancel the Rider. Allstate Life Insurance Company cannot change any of the terms of the Rider on its own, except that, in the future, WE MAY INCREASE THE CHARGES YOU PAY.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE RIDER CHARGES

We may change the rates charged for the Rider. Any rate change will be made only when We change the rates on a rate class basis on the same form as the Rider that are delivered in the same state as the Rider. We will give the Owner at least 60 days advance written notice before any rate change. The rate change will never exceed the maximum risk rates for the Rider.

6. TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND RIDER CHARGES REFUNDED

Trial Examination Period For The Rider: If the Owner is not satisfied with the Rider for any reason, the Owner may cancel the Rider within 31 days after the Owner receives it by notifying Us

in writing and returning the Rider to Us or to any producers appointed by Us. Immediately upon Our receipt of the Owner's cancellation notice request, the Rider will be deemed void from the beginning, and We will credit any deducted Rider Charges for the Rider to the Contract Value of the Contract.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Social Security Administration. Neither Allstate Life Insurance Company nor its producers represent Medicare, the federal government, or any state government.

8. LONG TERM CARE COVERAGE

Policies and riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a Nursing Home, in the community, or in the Home.

The Rider provides payment for Qualified Long Term Care Services received after the Coverage Commencement Date. Payment is subject to the Waiting Period, Elimination Period, limitations and all other terms and conditions of the annuity Contract and the Rider.

9. BENEFITS PROVIDED BY THE RIDER

Benefits

Benefits are payable under the Rider for Qualified Long Term Care Services incurred while the Covered Person is a Chronically Ill Individual. Benefits will be payable until the Long Term Care Benefit Base is reduced to zero, except as provided under the BENEFITS AFTER THE ANTICIPATED PAYOUT START DATE section in the Rider.

Eligibility for the Payment of Benefits

For benefits to be payable under the Rider:

- The Covered Person must be a Chronically Ill Individual;
- We must receive a Current Eligibility Certification for the Covered Person; and
- We must receive ongoing proof which demonstrates that the Qualified Long Term Care Services the Covered Person receives are needed due to his or her continually being a Chronically Ill Individual. Such proof must be satisfactory to Us. The proof can be based on information from:
 - Care providers;
 - Personal physicians; or
 - Other Licensed Health Care Practitioners; and
- We must receive proof that the Covered Person received Qualified Long Term Care Services.

Conditions for Payment

Benefits will be payable under the Rider if the Covered Person becomes a Chronically Ill Individual while the Rider is in force, subject to the Waiting Period, when all of the following conditions are met:

- An Owner must elect to claim benefits under the Rider;
- The Qualified Long Term Care Services are provided pursuant to a written Plan of Care prescribed by a Licensed Health Care Practitioner;
- The Covered Person has not exhausted any limits applicable to the specific benefits claimed;
- The Covered Person satisfies the Elimination Period; and
- Except as provided in the Extended Coverage When Rider Terminates While Confined provision in the RIDER CONSIDERATIONS AND PERIOD OF COVERAGE section of the Rider, the Contract and the Rider must be in force on the date the Covered Person receives Qualified Long Term Care Services.

Once We determine that the Covered Person is eligible for benefits, the Covered Person's eligibility for benefits will continue for as long as:

- The Covered Person continues to be a Chronically Ill Individual and continues to receive Qualified Long Term Care Services; and

- Neither the Long Term Care Benefit Base nor the Contract Value has been reduced to zero, except as provided in the BENEFITS AFTER THE ANTICIPATED PAYOUT START DATE section in the Rider; and
- The Rider and the Contract remain in force.

We reserve the right to perform periodic reassessments of the Covered Person's eligibility.

Benefit Payments

If the Covered Person continually meets the eligibility and conditions for payment as provided under the Eligibility for the Payment of Benefits and Conditions for Payment provisions in the Rider, Monthly Benefit Amounts will be paid under the Rider subject to the Waiting Period and Elimination Period as shown on the Rider Data Pages for the Rider. Benefit payments made under the Rider are not subject to withdrawal charges or Market Value Adjustments.

Optional Inflation Protection Benefit

This Optional Inflation Protection Benefit is only provided under the Rider if:

- It was elected to be included by the Owner in the Application for the Rider;
- It is shown as being included in the Rider Data Pages for the Rider; and
- The Owner pays any required additional Purchase Payments as described in this provision.

This benefit allows the Owner the option, while the Rider and the Optional Inflation Protection Benefit are in force, to increase the Long Term Care Benefit Base, the Monthly Maximum Base Benefit, and the Monthly Maximum Enhanced Benefit on each Contract Anniversary by the Inflation Percentage as described in this section.

On the first Contract Anniversary on which this Optional Inflation Protection Benefit is in effect, we will calculate a target Long Term Care Benefit Base equal to:

- The Long Term Care Benefit Base on the date the Optional Inflation Protection Benefit was first effective; multiplied by:
- The sum of 1 plus the Inflation Percentage; less
- The sum of all withdrawals and Monthly Base Benefit Amounts paid since the effective date of the Optional Inflation Protection Benefit.

On each Contract Anniversary after the first Contract Anniversary on which the Optional Inflation Protection Benefit is in effect, we will calculate a target Long Term Care Benefit Base equal to:

- The target Long Term Care Benefit Base calculated on the previous Contract Anniversary or the Long Term Care Benefit Base on the previous Contract Anniversary, whichever is greater; multiplied by
- The sum of 1 plus the Inflation Percentage; less
- The sum of all withdrawals and Monthly Base Benefit Amounts paid since the effective date of the Optional Protection Benefit.

If the Long Term Care Benefit Base on the Contract Anniversary is less than the target Long Term Care Benefit Base calculated on the Contract Anniversary, We will calculate the required additional Purchase Payment equal to the target Long Term Care Benefit Base minus the Contract Value on the Contract Anniversary. If the required additional Purchase Payment is less than or equal to zero, then the Long Term Care Benefit Base will be increased to equal the target Long Term Care Benefit Base and no required additional Purchase Payment is necessary. If the required additional Purchase Payment is greater than zero, then the Long Term Care Benefit Base will be increased to equal the target Long Term Care Benefit Base upon payment of the required additional Purchase Payment. If the Long Term Care Benefit Base on the Contract Anniversary is greater than the target Long Term Care Benefit Base calculated on the Contract Anniversary, no required additional Purchase Payment is necessary and the Long Term Care Benefit Base will not be increased.

If benefits have previously been paid for Qualified Long Term Care Services under the Rider, upon payment of the required additional Purchase Payment, if any, the Monthly Maximum Base Benefit for the new Contract Year will equal:

- The Monthly Maximum Benefit on the previous Contract Anniversary; multiplied by
- The sum of 1 plus the Inflation Percentage; divided by
- One plus the Enhancement Factor;

and the Monthly Maximum Enhanced Benefit for the new Contract Year will equal:

- The Monthly Maximum Base Benefit for the new Contract Year; multiplied by
- The Enhancement Factor.

If no benefits have previously been paid for Qualified Long Term Care Services under the Rider, the Monthly Maximum Base Benefit and the Monthly Maximum Enhanced Benefit will be determined for a future claim based on the amount of the Long Term Care Benefit Base on the first day of the month in which the first benefit payment is made for Qualified Long Term Care Services.

If the Owner does not pay the required additional Purchase Payment within 90 days from the Contract Anniversary this Optional Inflation Protection Benefit will terminate and cannot be reinstated.

Optional Nonforfeiture Benefit

This Optional Nonforfeiture Benefit is only provided under the Rider when elected by the Owner in the Application for the Rider, and it is shown on the Rider Data Pages for the Rider.

If, after it has been in force for three years, the Rider terminates for any reason other than death of the Covered Person or because the Long Term Care Benefit Base has been reduced to zero due to payment of benefits for Qualified Long Term Care Services under the Rider; the Rider will provide a reduced benefit for Qualified Long Term Care Services. The Nonforfeiture Benefit will be payable in lieu of the benefits described in the Rider, and the Rider will be in paid-up status.

The sum of all benefits that may be payable while the Rider is in paid-up status will be the greater of:

- The Monthly Maximum Enhanced Benefit applicable at the time of termination; or
- The sum of all Rider Charges for the Rider.

However, the sum of all the benefits payable while the Rider is in paid-up status will not be greater than the Enhancement Factor multiplied by the Long Term Care Benefit Base at the time of termination.

While the Rider is in paid-up status, the Monthly Base Benefit Amount will not be paid. The maximum benefit amount paid each month cannot be greater than the Maximum Monthly Enhanced Benefit in effect at the time of termination.

Benefits payable upon termination of the Rider under the Optional Nonforfeiture Benefit will be subject to the Eligibility for Payment of Benefits, Conditions for Payment and Recovery of Covered Person provisions in the LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS section of the Rider. While the Rider is in paid-up status, annual Inflation Percentage increases provided under the Optional Inflation Protection Benefit, if included, will cease. If the Optional Nonforfeiture Benefit is terminated at the request of the Owner without termination of the Rider, no nonforfeiture benefit will be provided if the Rider is subsequently terminated. Once terminated, the Optional Nonforfeiture Benefit cannot be reinstated.

DEFINITIONS

Acceleration Percentage means the benefit percentage elected by the Owner and approved by Us. It is used to calculate the monthly benefit payable under the Rider. The Acceleration Percentage is shown on the Rider Data Pages for the Rider.

Accumulation Phase has the same meaning as defined in the Contract.

Activities of Daily Living (ADLs) means the following functions:

- **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- **Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene including caring for catheter or colostomy bag.
- **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- **Eating:** Feeding oneself by getting food into the body from a receptacle, such as a plate, cup, table, or by feeding tube or intravenously.
- **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring:** Moving into or out of a bed, chair or wheelchair.

Adult Day Care means a program of social and health related services provided for six or more individuals during the day in a community setting for the purpose of supporting frail, impaired, elderly or other disabled adults who can benefit from care in a group setting outside of the home.

Application means the applications for the Contract and the Rider.

Assisted Living Facility means a facility, including one for people with Alzheimer's disease, that is not on the list of Excluded Places within this provision and that is engaged primarily in providing Maintenance or Personal Care Services to its residents. It must provide those services 24 hours a day, every day:

- Under a license, certificate, or substantially similar permit and oversight from the federal government or the state in which it is located; or
- Is operated, in accordance with all applicable laws, and continuously meets all of the following requirements:
 - It has accommodations for at least ten residents;
 - It maintains records for all care and services provided to each resident;
 - It has an awake employee on duty in the facility who is trained and ready to provide its resident inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
 - It has an awake employee who is aware of the whereabouts of the resident inpatients;
 - It provides, at a minimum, assistance with Bathing and Dressing;
 - It provides three meals a day and accommodates special dietary needs;
 - It has written formal procedures, including an agreement with a physician or Nurse, for the furnishing of medical care and services in case of an emergency; and
 - It has the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications.

Excluded Places: An Assisted Living Facility is NOT any of the following:

- A clinic or hospital;
- A sub-acute care or rehabilitation hospital or unit;
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
- A Nursing Facility;
- The Covered Person's Home or place of residence in an area used principally for independent residential living including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities; or
- Any facility that is located outside of the United States, its territories and possessions.

If a facility has multiple licenses, certifications, purposes, or locations; a separate portion, ward, wing, unit or location thereof can qualify as an Assisted Living Facility only if it is engaged primarily in providing care that satisfies the Rider's definition of an Assisted Living Facility.

Chronically Ill Individual means a person who has been certified by a Licensed Health Care Practitioner within the preceding 12 months as:

- Being unable to perform, without Substantial Assistance, either Standby Assistance or Hands-on Assistance, from another individual, at least two Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must, be expected to exist for a period of at least 90 days; or
- Requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

Chore Services means assistance with the following light work activities: minor household repairs related to the Covered Person's safety at Home, such as to handrails and safety rails, stairs, or floors; taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt in the Covered Person's Home.

Chore Services do not include any type of residential upkeep, construction renovation or routine home preservation, such as painting; lawn or yard care; snow removal; vehicle or equipment maintenance; or similar tasks.

Contract means the annuity Contract to which the Rider is attached.

Contract Value has the same meaning as defined in the Contract. Refer to the definition of Contract.

Covered Person means only the person named as the Proposed Covered Person in the Application for the Rider and on the Rider Data Pages for the Rider as of the Effective Date of the Rider. The Covered Person must be the sole Annuitant. If the Owner is a living person, the Covered Person must be the Owner or the spouse of the Owner. For the purposes of the Rider, "Spouse" refers to a legal Spouse as defined for federal tax purposes. If the Owner is not a living person, then the Owner must be a Grantor Trust and the Covered Person must be the grantor or the spouse of the grantor. If the Covered Person is not an Owner and is the spouse of an Owner, the Covered Person must be the sole Primary Beneficiary.

The Rider provides coverage for the Covered Person only and is not transferable.

Coverage Commencement Date means the date immediately following the Waiting Period. The Coverage Commencement Date is shown on the Rider Data Pages for the Rider. Refer to the definition of Waiting Period.

Current Eligibility Certification means a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that the Covered Person meets the requirements for being a Chronically Ill Individual.

Date of Loss means the date the Licensed Health Care Practitioner certifies the Covered Person is Chronically Ill.

Elimination Period is the period of time that the Covered Person must be Chronically Ill before We will pay benefits under the Rider. The Elimination Period begins on the first day after the expiration of the Waiting Period that the Covered Person receives Qualified Long Term Care Services while Chronically Ill. The Elimination Period ends when the Covered Person has been Chronically Ill for the number of calendar days indicated in the Elimination Period shown on the Rider Data Pages for the Rider. The Elimination Period need be satisfied only once during the Covered Person's lifetime.

Enhancement Factor is a value used to calculate the Monthly Maximum Base Benefit and the Monthly Maximum Enhanced Benefit payable under the Rider. The Enhancement Factor is shown on the Rider Data Pages for the Rider. Refer to the definition of Monthly Maximum Enhanced Benefit and Monthly Maximum Base Benefit.

Grantor Trust Is a domestic trust of which the grantor shall be treated as the Owner pursuant to the Section 671 of the Code.

Home means the Covered Person's primary place of residence in the area the Covered Person uses principally for independent residential living. This could be a house, a condominium, an apartment, a unit in a congregate care community or similar residential environment.

The Covered Person's Home does not include a hospital, Nursing Facility or Assisted Living Facility.

Home Health Aide and Personal Care Services means assistance the Covered Person receives with simple health care tasks, personal hygiene, managing medications, in performing Activities of Daily Living and supervision the Covered Person needs when he or she has Severe Cognitive Impairment.

Home Health Care means one or more of the following services: Adult Day Care Services, Nurse and Therapist Services, Home Health Aide and Personal Care Services, Homemaker Services, Chore Services, and Hospice Care.

These services must be:

- Provided in the Covered Person's Home, unless they are Adult Day Care Services or Hospice Care;
- Necessary to enable the Covered Person to continue to stay safely at Home, unless the services are in a facility providing Hospice Care;
- Necessary because the Covered Person alone is not able to perform them due to the Covered Person being a Chronically Ill Individual;
- Consistent with the needs addressed in the Covered Person's Plan of Care; and
- Provided in the United States, its territories and possessions.

Providers of these services do not need to be affiliated with a home health care agency. Home Health Care services will not be payable at the same time as any benefits for confinement in a Nursing Facility or Assisted Living Facility.

Homemaker Services means assistance with one or more of the following tasks: meal planning and preparation, doing laundry and light house cleaning such as vacuuming, dry mopping, dishwashing, cleaning the kitchen or bath, and changing soiled bedding.

Hospice Care means services that are designed to provide palliative care to the Covered Person; or alleviate the Covered Person's physical, emotional and spiritual discomforts because the Covered Person has been diagnosed with a terminal disease with a life expectancy of six months or less to live.

Hospice Care can be provided in the Covered Person's Home or a separate facility that is licensed or certified to provide Hospice Care by the state in which it is located. Coverage includes room and board provided in such a facility. Hospice Care does not include coverage for prescription drugs.

Immediate Family means:

- The Covered Person's spouse or civil union partner;
- Any person living with the Covered Person in a domestic partner relationship as defined and permitted by applicable state law; and
- The following relatives of the Covered Person and the Covered Person's spouse or domestic partner or civil union partner: parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, or nephew or niece. This includes adopted, in-law and step-relatives.

Inflation Percentage Means the percentage used to increase benefit levels as described in the OPTIONAL INFLATION PROTECTION BENEFIT section of the Rider. The Inflation Percentage is only applicable if the Owner elected the Optional Inflation Protection Benefit. The Inflation Percentage, if applicable, is shown on the Rider Data Pages for the Rider.

Lapse means the termination of the Rider due to non-payment of the Rider Charge.

Licensed Health Care Practitioner means any of the following who is not a member of the Covered Person's Immediate Family:

- A physician as defined in Section 1861(r)(1) of the Social Security Act;
- A registered professional Nurse;
- A licensed social worker; or
- Any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

Long Term Care Benefit Base means the portion of the Contract Value that is eligible to be paid out for Qualified Long Term Care Services benefits under the Rider.

The Long Term Care Benefit Base in effect on the Rider Effective Date is shown in the Rider Data Pages for the Rider. After the Rider Effective Date, the Long Term Care Benefit Base may change due to changes in the Contract Value. The Long Term Care Benefit Base will not reflect purchase payments made after the Rider Effective Date, except as provided in the OPTIONAL INFLATION PROTECTION BENEFIT section. Withdrawals made from the Contract Value will reduce the Long Term Care Benefit Base only to the extent required to prevent the Contract Value from falling below the Long Term Care Benefit Base. Rider Charges will reduce the Long Term Care Benefit Base.

Crediting of interest to the Contract Value will cause the Long Term Care Benefit Base to increase. On any date on which interest is credited to the Contract, the Long Term Care Benefit Base will be increased by an amount equal to:

- The Long Term Care Benefit Base immediately prior to the crediting of interest; multiplied by
- The amount of interest credited to the Contract; divided by
- The Contract Value immediately prior to the crediting of interest.

Maintenance or Personal Care Services means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the Covered Person is a Chronically Ill Individual, including protection from threats to health and safety due to Severe Cognitive Impairment.

Medicaid means any state medical assistance program under Title XIX of the Social Security Act.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Act.

Monthly Base Benefit Amount means the amount equal to:

- The Monthly Maximum Base Benefit; multiplied by
- The number of days of Qualified Long Term Care Services received in the month; divided by
- The number of days in the month.

Monthly Benefit Amount means the amount equal to:

- The Monthly Maximum Benefit; multiplied by
- The number of days Qualified Long Term Care Services were received in the month; divided by
- by
- The number of days in the month.

Monthly Maximum Base Benefit means the maximum monthly benefit payable out of the Contract Value for Qualified Long Term Care Services. For each new claim, the Monthly Maximum Base Benefit amount will be:

- The Acceleration Percentage; multiplied by
- The Long Term Care Benefit Base on the first day of the month in which the first benefit payment is made; divided by
- One plus the Enhancement Factor.

If the Optional Inflation Protection Benefit is included, the Monthly Maximum Base Benefit may increase annually as described in the OPTIONAL INFLATION PROTECTION BENEFIT section of the Rider.

The Monthly Maximum Base Benefit will be reduced to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) limit, as described in the definition of Monthly Maximum Benefit.

Monthly Maximum Enhanced Benefit is the maximum monthly benefit payable for Qualified Long Term Care Services in addition to the Monthly Maximum Base Benefit. Payment of the Monthly Maximum Enhanced Benefit does not reduce the Contract Value.

The Monthly Maximum Enhanced Benefit is equal to:

- The Monthly Maximum Base Benefit; multiplied by
- The Enhancement Factor.

The Monthly Maximum Enhanced Benefit will be reduced to comply with the HIPAA limit, as described in the definition of Monthly Maximum Benefit.

Monthly Maximum Benefit is the maximum monthly benefit payable for Qualified Long Term Care Services and equals the sum of the Monthly Maximum Base Benefit and the Monthly Maximum Enhanced Benefit. The Monthly Maximum Benefit cannot exceed the daily HIPAA limit in effect at that time multiplied by 30.

The daily HIPAA limit for per diem plans refers to a dollar cap per day and is indexed for inflation. The limit is applied on an aggregate basis to all Contracts providing long term care insurance for the Covered Person. While the Rider will not pay benefits in excess of the daily HIPAA limit, We will not coordinate benefits with long term care Contracts issued by other insurers or with other Contracts issued by Us. At Your request, We will reduce the benefits paid under the Rider to enable You to comply with the HIPAA limit in aggregate.

If the Monthly Maximum Benefit payable under the Rider is reduced by Us to comply with HIPAA limits or upon Your request for any reason, the Monthly Maximum Base Benefit and the Monthly Maximum Enhanced Benefit will both be reduced pro-rata so that the sum of these amounts equals the reduced Monthly Maximum Benefit.

After the Covered Person recovers from being a Chronically Ill Individual, a new claim will begin when the Covered Person again becomes a Chronically Ill Individual in accordance with the Eligibility for the Payment of Benefits and Conditions for Payment provisions in the LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS section of the Rider. The Monthly Maximum Benefit for a new claim will not be lower than the Monthly Maximum Benefit for the prior claim.

Payment of benefits under the Rider is subject to the satisfaction of the Waiting Period and the Elimination Period.

Nurse means someone who is licensed as a Registered Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN), and is operating within the scope of that license.

Nurse and Therapist Services means services provided in the Covered Person's Home by a Nurse or a licensed physical, occupational, respiratory, or speech therapist.

Nursing Facility means a facility that is not on the list of Excluded Places within this provision and that is engaged primarily in providing continual 24 hours-a-day, every day nursing care to all of its residents or inpatients in accordance with the authority granted by a license issued by the federal government or the state in which it is located. Such nursing care must be performed by or under the direct supervision of a Nurse. The facility must employ at least one, full-time (at least 30 hours per week), Nurse. A Nurse must be on duty or on call in the facility at all times.

If a facility has multiple licenses or purposes, a separate portion, ward, wing or unit thereof can qualify as a Nursing Facility only if that portion, ward, wing or unit is engaged primarily in providing such nursing care in accordance with the authority granted by its license.

Excluded Places: The definition of a Nursing Facility does NOT include any of the following:

- A clinic or hospital;
- A sub-acute care or rehabilitation hospital or unit;
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
- An Assisted Living Facility;
- The Covered Person's Home or place of residence in an area used principally for independent residential living including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities;
- An adult residence establishment or environment which is similar to the Rider's definition of a Nursing Facility; or
- Any facility that is located outside of the United States, its territories and possessions.

Owner means the person named as owner in the Contract to which the Rider is attached. The Rider can only be attached to a Contract where the Owner is:

- A living person;
- Two living persons that are spouses as defined by the Code; or
- A Grantor Trust.

Plan of Care is the written, individualized plan for care and support services for the Covered Person that:

- Has been developed as a result of an assessment and incorporates applicable information provided by the Covered Person's personal physician;
- Has been prescribed by a Licensed Health Care Practitioner;
- Fairly, accurately and appropriately addresses the Covered Person's long term care and support service needs; and
- Specifies the following:
 - The type, frequency and duration of all services required to meet those needs;
 - The providers appropriate to furnish those services; and
 - An estimate of the appropriate cost of such services.

We reserve the right to discuss the Plan of Care with the Licensed Health Care Practitioner. We may also verify that the Plan of Care is appropriate and consistent with generally accepted standards of care for a Chronically Ill Individual. The Plan of Care is to be updated to reflect changes in the Covered Person's functional or cognitive abilities, social situation, and care services needs. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We reserve the right to request periodic updates not more frequently than once every 30 days. No more than one Plan of Care may be in effect at a time.

No benefits are payable under the Rider for the development of a Plan of Care for the Covered Person. The Owner, at his or her own expense, is responsible for obtaining a Plan of Care for the Covered Person.

Qualified Long Term Care Services means the necessary diagnostic, preventative, therapeutic, curative, treatment, mitigation, and rehabilitative services, and Maintenance or Personal Care Services that are required by a Chronically Ill Individual and provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Important Note: To be eligible for payment under the Rider, not only must the services be Qualified Long Term Care Services, they also must satisfy all requirements for eligibility and conditions for benefit payment stated in the Rider.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that is:

- Comparable to and includes Alzheimer's Disease and similar forms of irreversible dementia; and
- Measured by clinical evidence and standardized tests that reliably measure impairment in the covered person's short-term or long-term memory; orientation as to people, places, or time; deductive or abstract reasoning; judgment as it relates to safety awareness.

Substantial Assistance means either Hands-on Assistance or Standby Assistance.

- **Hands-on Assistance** is the physical assistance of another person without which the individual would be unable to perform ADLs.
- **Standby Assistance** is the presence of another person within arm's reach of the individual that is necessary to prevent, by physical intervention, injury to the individual while the individual is performing the ADL, such as being ready to catch the individual if the individual falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the individual's throat if the individual chokes while eating.

Substantial Supervision means continual supervision that may include verbal cueing, prompting, gestures, or other demonstrations by another nearby person that is necessary to protect the severely cognitively impaired individual from threats to his or her health or safety, such as may result from wandering.

Waiting Period means the length of time from the Rider Effective Date that the Covered Person must wait before the Elimination Period begins. Rider Charges for the Rider continue to be deducted during the Waiting Period. The Waiting Period is shown on the Rider Data Pages for the Rider. Please note that no benefits will be provided under the Rider until both the Waiting Period and the Elimination Period have been met. Refer to the definition of Elimination Period.

10. EXCLUSIONS AND LIMITATIONS

No payment will be made for any room and board, care, treatment, services, equipment or other items:

- Provided by a member of the Covered Person's Immediate Family, unless:
 - He or she is a regular employee of the organization that is providing the services; and
 - Such organization receives payment for the services; and
 - He or she receives no compensation other than the normal compensation for employees in her or his job category;
- For which no charge is normally made in the absence of insurance;
- Provided outside of the United States of America, its territories and possessions;
- Provided by or in a Veterans Administration or federal government facility, unless required by law;
- Resulting, directly or indirectly, from:
 - War or act of war, whether declared or not;
 - Attempted suicide or an intentionally self-inflicted injury; or
 - The Covered Person's alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed physician.

THE RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

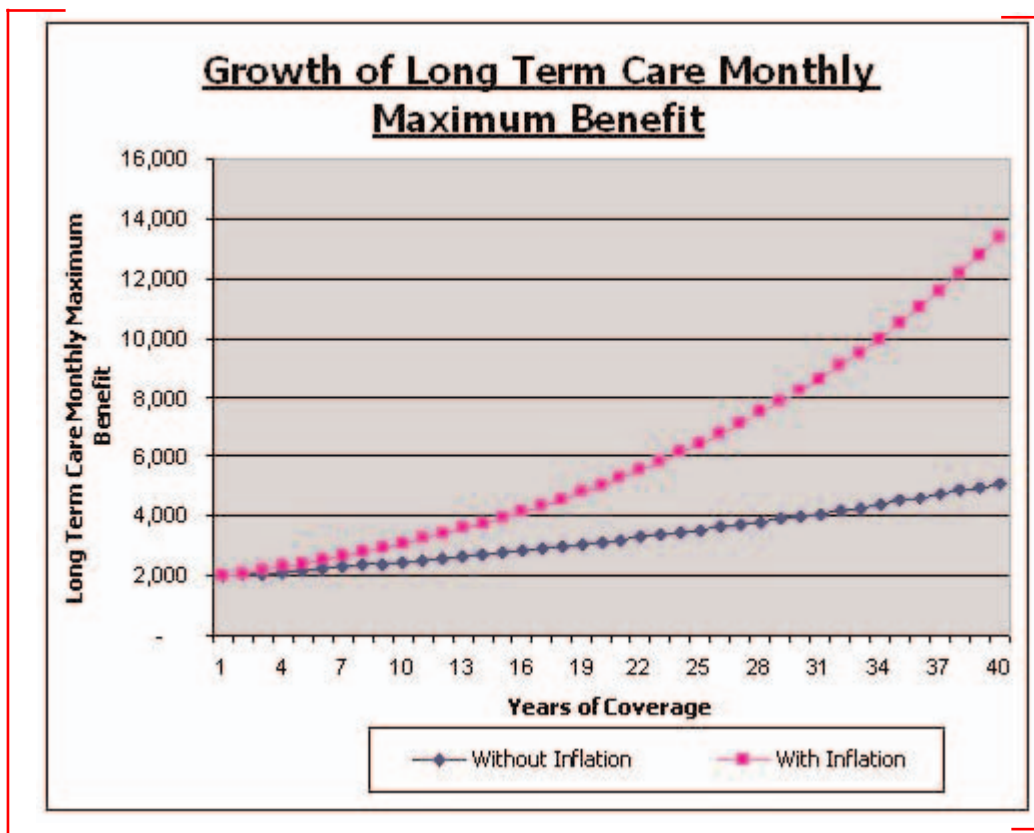
11. RELATIONSHIP OF COST OF CARE AND BENEFITS

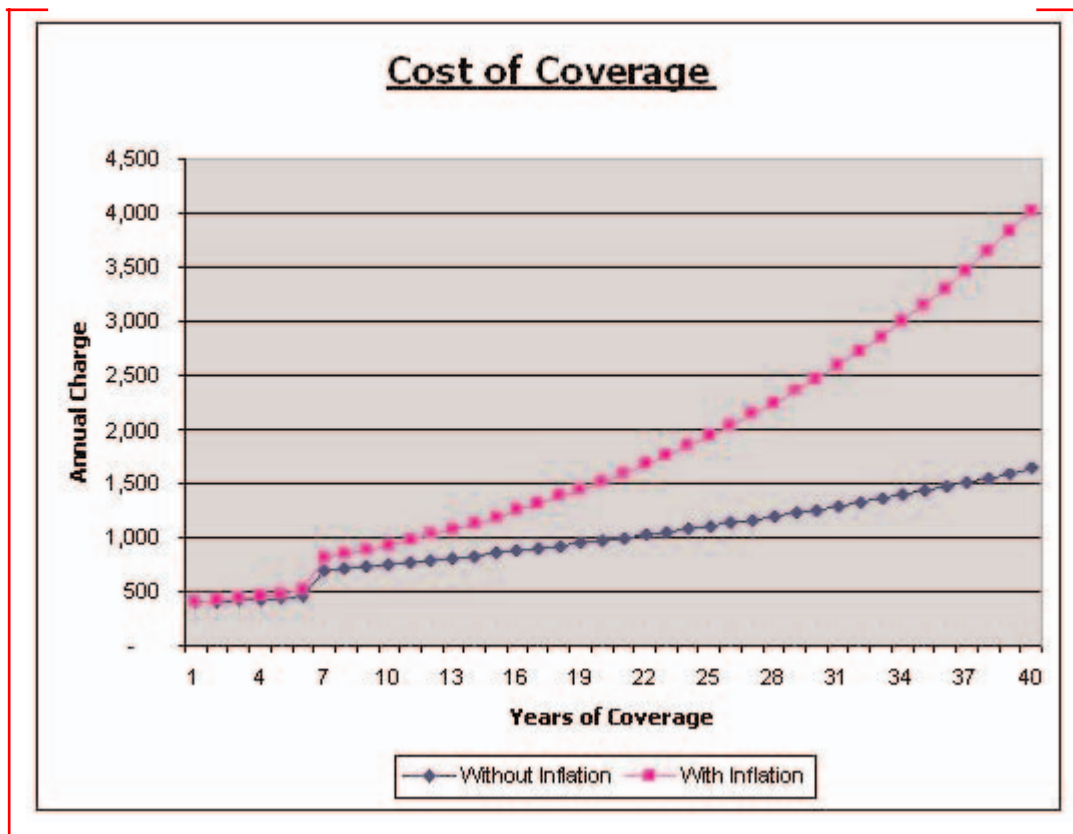
Because the costs of long term care services will likely increase over time, You should consider whether and how the benefits of this plan may be adjusted.

Values illustrated in the graphs below are based on:

- An annuity interest rate that is assumed to be 3% in all Contract Years; the actual interest rate credited can be higher or lower, and may vary from year to year, but will not be below the minimum guaranteed interest rate shown on the annuity data page;
- Long term care guaranteed charges that are assumed to be 40 basis points per year for the first six Contract Years and 60 basis points per Contract Year thereafter; and
- The following assumptions:

Age of Insured	50
Premium at Issue	\$100,000
Acceleration Percentage	2%
Enhancement Factor	25%





12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Once Your Application for coverage under the annuity Contract and/or the Rider is approved, coverage will be provided if the Covered Person is clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses provided:

- the Covered Person meets the "Eligibility for the Payment of Benefits" and "Conditions for Payment" requirements described in the Rider; and
- the Waiting Period and Elimination Period have been satisfied.

13. ANNUAL CHARGES

The annual charges for the Rider, Optional Inflation Protection Benefit (if included), and Optional Nonforfeiture Benefit (if included) will be deducted at from the Contract Value and the Long Term Care Benefit Base at the end of each Contract Year during the Accumulation Phase of the Contract. The annual charges for the Rider will be shown in the Rider Data Pages.

14. ADDITIONAL FEATURES

The issuance of the Rider is subject to medical underwriting.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR RIDER FOR LONG TERM CARE INSURANCE SERVICES.

Long Term Care Insurance Potential Rate Increase Disclosure Form - Rider for Long Term Care Services



Allstate[®]
You're in good hands.

Allstate Life Insurance Company
Standard Mail - P.O. Box 80469, Lincoln, NE 68501
Express Mail - 2940 S. 84th St. Lincoln, NE 68506-4142

- Risk Rate:** The risk rate that is applicable to the Proposed Covered Person and that will be in effect until a request is made and approved for an increase is provided on the Rider Data Pages of the Rider.
- The guaranteed maximum annual risk rates for the Rider coverage will be shown on the Rider Data Pages of the Rider.**
- Risk Rate Adjustments:**
Any risk rate adjustments or changes will be effective on the contract anniversary and we will give the Owner 60 days prior written notice of such change.
- Potential Risk Rate Revisions:**
This Rider is Guaranteed Renewable. This means that the rates for this Rider coverage may be increased in the future. The Proposed Covered Person's risk rate can NOT be increased due to increased age or declining health, but the risk rate may increase based on the experience of all Covered Persons with a similar Rider.

If the Proposed Covered Person receives a risk rate increase in the future, we will give the Owner at least 60 days written notice, and the Owner will be able to exercise at least one of the following options:

- Pay the increased Rider charge and continue the contract and Rider coverage in force as is.
- Reduce the Rider benefits to a level such that the Rider charge will not increase. (Subject to state law minimum standards.)
- Exercise the nonforfeiture option if purchased. (This option is available for purchase for an additional risk charge.)
- Exercise the contingent nonforfeiture rights. (This option may be available if a separate nonforfeiture option is not purchased.) See additional information regarding the contingent nonforfeiture on page 2 of this form.

I acknowledge receipt of this form.

Sign Here	_____ Signature of Owner	_____ Printed Name of Owner	_____ Date (MM/DD/YYYY)
	_____ Signature of Joint Owner	_____ Printed Name of Joint Owner	_____ Date (MM/DD/YYYY)

One signed copy of this form is to be retained by the Owner, and a second signed copy is to be returned to Allstate Life Insurance Company with the application.

Contingent Nonforfeiture

If the risk rate for the Rider goes up in the future and a nonforfeiture option was not purchased, the Proposed Covered Person may be eligible for contingent nonforfeiture. Here's how to tell if the Proposed Covered Person is eligible:

The Proposed Covered Person will keep some Long Term Care insurance coverage provided by the Rider, if:

- The risk rate after the increase exceeds the original risk rate by the percentage shown (or more) in the following table; and
- The Rider lapses (no more charges paid) within 120 days of the increase.

The amount of reduced coverage on the Proposed Covered Person that you will keep will equal the greater of: the total amount of Rider Charges paid since the Rider was first issued and the current Monthly Maximum Enhanced Benefit. If the Proposed Covered Person has already received benefits under the Rider, so that the above result is greater than the Long Term Care Benefit Base times the Enhancement Factor, the amount of coverage will be the current Long Term Care Benefit Base times the Enhancement Factor. All other Rider benefits will remain at the levels attained at the time of the lapse and will not increase thereafter. The Monthly Base Benefit Amount will no longer be payable.

Should this Contingent Nonforfeiture option be chosen, the Rider coverage, with this reduced coverage, will be considered "paid-up" with no further Rider Charges deducted.

Example:

- The Rider was purchased at age 65 and annual Rider charges of \$1,000 were paid for 10 years, so a total of \$10,000 was paid in Rider Charges. This amount is larger than the current Monthly Maximum Enhanced Benefit.
- In the eleventh year, the Rider receives a rate increase of 50%, or \$500 for a new annual Rider Charge of \$1,500, and the Owner decides to lapse the Rider.
- The "paid-up" Rider benefits are \$10,000 (provided that the Long Term Care Benefit Base times the Enhancement Factor is greater than \$10,000).

Contingent Nonforfeiture Cumulative Premium Increase Over Initial Premium

This qualifies for Contingent Nonforfeiture

(Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

<u>Proposed Covered Person's Issue Age</u>	<u>Percent Increase Over Initial Rate</u>	<u>Proposed Covered Person's Issue Age</u>	<u>Percent Increase Over Initial Rate</u>	<u>Proposed Covered Person's Issue Age</u>	<u>Percent Increase Over Initial Rate</u>
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

Long Term Care Insurance Personal Worksheet - Rider for Long Term Care Services



Allstate
You're in good hands.

Allstate Life Insurance Company
Standard Mail - P.O. Box 80469, Lincoln, NE 68501
Express Mail - 2940 S. 84th St. Lincoln, NE 68506-4142

If your application for this Rider is approved, it **will not be issued** until the company receives this Long Term Care Insurance Personal Worksheet completed and signed by the Owner and the Producer.

People buy Long Term Care insurance for many reasons. Some don't want to use their own assets to pay for Long Term Care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But Long Term Care insurance may be expensive, and may not be right for everyone.

By state law, Allstate Life Insurance Company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this Rider. All references to "You" on this form apply to the Owner.

A. Proposed Covered Person (Must be Annuitant on Annuity application. Joint Annuitants Not Allowed.)

Printed Name of Proposed Covered Person _____

Date of Birth (MM/DD/YYYY) _____

B. Risk Rate Information

Rider for Long Term Care Insurance, Form Number: _____

This Rider will be issued under Annuity Contract Form Number: _____

The initial risk rate for this Rider is \$0.0000 per \$1,000 of Long Term Care Benefit Base per year. *(This risk rate does not include any charges for the base annuity contract to which this Rider will be attached.)*

Type of Long Term Care Rider: Guaranteed Renewable

The Company's Right to Increase Rates

Allstate Life Insurance Company has a right to increase risk rates on the Rider form in the future, provided it raises rates for all Riders in the same class in this state.

Rate Increase History

Allstate Life Insurance Company has sold Long Term Care insurance since 1998 and has sold this Rider form since 2008. The company has not raised its rates on this Rider form in this or any other state, but it has raised its rates once on a similar contract form which is no longer available for sale. Following is a summary of the rate increase:

Contract Form Series	Years Available for Sale	Percentage of Increase	Effective Year
LB6302	1998 - 2005	3 - 55%	2007 - 2009

C. Questions Related to Your Income

1. How will you pay each year's premium?

☐ From my income ☐ From my savings/investments ☐ My family will pay

2. Have you considered whether you could afford to keep this Rider if the premiums went up, for example, by 20%? ☐ Yes ☐ No

3. What is your annual income? (check one)

☐ Under \$25,000 ☐ \$25,000 - 50,000 ☐ \$50,000 - 75,000 ☐ \$75,000 - 100,000 ☐ Over \$100,000

4. How do you expect your income to change in the next 10 years? (check one)

☐ No change ☐ Increase ☐ Decrease

A rule of thumb is that you may not be able to afford this Rider if the risk rate will be more than 7% of your income.

C. Questions Related to Your Income (continued)

5. Will you buy inflation protection? (check one) ☐ Yes ☐ No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount? (check one)

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay ☐ Other _____

The national average annual cost for a private room in a nursing home in 2007 was \$74,806, but this figure varies across the country. In ten years, the national average annual cost would be about \$121,851 if costs increase 5% annually.

6. How are you planning to pay for the Proposed Covered Person's care during the 90-day elimination period? (check one)

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay ☐ Other _____

D. Questions Related to Your Savings and Investments

1. Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

☐ Under \$50,000 ☐ \$50,000 - 100,000 ☐ \$100,000 - 200,000 ☐ Over \$200,000

2. How do you expect your assets to change over the next ten years? (check one)

☐ No change ☐ Increase ☐ Decrease

If your assets are less than \$50,000, you may wish to consider other options for financing your Long Term Care instead of purchasing this Rider. (Please Note: Long Term Care benefits under the Rider are paid partly from your own annuity Contract Value, so purchase of this Rider does not fully protect your assets from the impact of Long Term Care expenses.)

E. Disclosure Statement

Check one:

- ☐ The answers to the preceding questions in Sections C and D accurately describe my financial situation.
☐ I choose not to complete the information in Sections C and D of this form, and I have signed the *Verification of Financial Non-Disclosure* provided below in this form.

Check the box to acknowledge you have read the following statement and sign below.

- ☐ I acknowledge that the Allstate Life Insurance Company and/or its Producer (indicated below) has reviewed this form with me, including the risk rate, rate increase history, and potential for rate increases in the future. I understand the above disclosures. **I understand that the risk rates for this Rider may increase in the future.** (This box must be checked.)

Sign Here

Signature of Owner

Printed Name of Owner

Date (MM/DD/YYYY)

Signature of Joint Owner

Printed Name of Joint Owner

Date (MM/DD/YYYY)

Sign Here

I explained to the Owner the importance of completing this information.

Producer Signature

Printed Name of Producer

Date (MM/DD/YYYY)

Suitability: Complete the following information ONLY if your producer has advised you that this Rider may not be suitable for you.

My producer has advised me that this Rider does not seem to be suitable for me. However, I still want the Allstate Life Insurance Company to consider my application. Allstate Life Insurance Company may contact me to verify my answers.

Sign Here

Signature of Owner

Printed Name of Owner

Date (MM/DD/YYYY)

Signature of Joint Owner

Printed Name of Joint Owner

Date (MM/DD/YYYY)

Verification of Financial Non-Disclosure (Please only complete this section if you chose not to disclose financial information requested in Sections C and D of this form.)

Check one.

- ☐ Yes, I wish to purchase this Rider. I choose **not** to complete the financial information required in Sections C and D of this form. Please continue your review of my application.
- ☐ No, I do not wish to purchase this Rider at this time.

Sign Here

Signature of Owner

Printed Name of Owner

Date (MM/DD/YYYY)

Signature of Joint Owner

Printed Name of Joint Owner

Date (MM/DD/YYYY)

ALLSTATE LIFE INSURANCE COMPANY

Home Office: [3100 Sanders Road]
[Northbrook, Illinois 60062-7154]
[1-800-755-5275]

Statement of Benefit Information - Contract Summary

For Rider for Long Term Care Services
(Rider Form Series LU10913)

This product is a Rider for Long Term Care Services and is attached to the annuity Contract with the Contract Number shown below in this form.

Owner: [Jane Doe]

Covered Person: [John Doe]

Covered Person Gender/Age: [Male/50]

Contract Number: [1234567]

State of Issue: [Illinois]

Date Prepared: [January 1, 2008]

RIDER FOR LONG TERM CARE SERVICES - BENEFITS

Initial Long Term Care Benefit Base: [\$100,000]

Waiting Period: Two Years (Benefits under the Rider do not begin until the two-year waiting period has been satisfied, subject to the 90 day Elimination Period.)

Coverage Commencement Date: [January 1, 2010]

*Elimination Period: 90 Days

Acceleration Percentage [2%]

Enhancement Factor [25%]

Optional Inflation Protection Benefit [Included][Not Included]
[Inflation Percentage 5%]

Optional Nonforfeiture Benefit [Included][Not Included]

*The Elimination Period begins on the first day after the expiration of the Waiting Period that the Covered Person receives Qualified Long Term Care Services while Chronically Ill. The Elimination Period ends when the Covered Person has been Chronically Ill for 90 calendar days.

The Rider provides for monthly insurance benefits for Qualified Long Term Care Services in the event the Covered Person becomes a Chronically Ill Individual. These benefits are payable in part from the Contract Value, without withdrawal charges or Market Value Adjustments; refer to the LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS section of the Rider for details.

TAX INFORMATION

Distributions of income from the annuity Contract, at death or otherwise, are taxable as ordinary income and may be subject to a 10% federal penalty tax before the Owner reaches age 59 ½ unless an exception applies. Annuity Contract Value generally grows on a tax-deferred basis until withdrawn or the contract terminates. For taxable years beginning after December 31, 2009, withdrawals to pay Qualified Long Term Care benefits may be income-tax free, and charges for these benefits are not subject to federal income tax. The charges may affect the taxable amount of annuity distributions. For taxable years beginning before January 1, 2010, withdrawals to pay Qualified Long Term Care benefits and charges may be taxable as ordinary income and may be subject to the 10% penalty tax, but may qualify in limited circumstances for an income-tax deduction.

BENEFIT PAYMENTS

If the Covered Person continually meets the eligibility and conditions for payment as provided under the Eligibility for the Payment of Benefits and Conditions for Payment provisions in the Rider, Monthly Benefit Amounts will be paid under the Rider subject to the Waiting Period and Elimination Period as shown above under BENEFITS. Benefit payments made under the Rider are not subject to withdrawal charges or Market Value Adjustments.

The Monthly Benefit Amount may be reduced, if necessary, to comply with HIPAA limits as described in the definition of the Monthly Maximum Benefit. It may also be reduced upon your request. If the Monthly Benefit Amount is reduced, both the Monthly Base Benefit Amount and the Monthly Enhanced Benefit Amount will be reduced pro-rata, and the Monthly Benefit Amount will be the sum of the reduced Monthly Base Benefit Amount and the reduced Monthly Enhanced Benefit Amount.

Upon payment of the Monthly Benefit Amount, the Contract Value and the Long Term Care Benefit Base will be reduced by the Monthly Base Benefit Amount. If the Contract has multiple Guarantee Period Accounts or multiple Fixed and Indexed Accounts, the Monthly Base Benefit Amount will be deducted from each account value in the proportion that the account value bears to the total Contract Value.

The Monthly Base Benefit Amount cannot exceed the Long Term Care Benefit Base immediately prior to the payment. If it does, the Monthly Base Benefit Amount will be reduced to equal the Long Term Care Benefit Base. The Monthly Enhanced Benefit Amount will be reduced proportionately. Upon payment of the reduced Monthly Benefit Amount, the Long Term Care Benefit Base will be reduced to zero and the Rider will terminate.

The Contract's minimum Contract Value requirement will not apply when the Rider is attached and in effect.

OPTIONAL INFLATION PROTECTION BENEFIT

This Optional Inflation Protection Benefit is only provided under the Rider if:

1. It was elected to be included by the Owner in the Application for the Rider;
2. It is shown as being included in the Rider Data Pages for the Rider; and
3. The Owner pays any required additional Purchase Payments as described in this provision.

This benefit allows the Owner the option, while the Rider and this Optional Inflation Protection Benefit are in force, to increase the Long Term Care Benefit Base, the Monthly Maximum Base Benefit, and the Monthly Maximum Enhanced Benefit on each Contract Anniversary by the Inflation Percentage as described in this section.

On the first Contract Anniversary on which this Optional Inflation Protection Benefit is in effect, we will calculate a target Long Term Care Benefit Base equal to:

1. The Long Term Care Benefit Base on the date the Optional Inflation Protection Benefit was first effective; multiplied by
2. The sum of 1 plus the Inflation Percentage; less
3. The sum of all withdrawals and Monthly Base Benefit Amounts paid since the effective date of the Optional Inflation Protection Benefit.

On each Contract Anniversary after the first Contract Anniversary on which this Optional Inflation Protection Benefit is in effect, we will calculate a target Long Term Care Benefit Base equal to:

1. The target Long Term Care Benefit Base calculated on the previous contract anniversary or the Long Term Care Benefit Base on the previous contract anniversary, whichever is greater; multiplied by
2. The sum of 1 plus the Inflation Percentage; less
3. The sum of all withdrawals and Monthly Base Benefit Amounts paid since the effective date of the Optional Inflation Protection Benefit.

If the Long Term Care Benefit Base on the Contract Anniversary is less than the target Long Term Care Benefit Base calculated on the Contract Anniversary, we will calculate the required additional Purchase Payment equal to the target Long Term Care Benefit Base minus the Contract Value on the Contract Anniversary. If the required additional Purchase Payment is less than or equal to zero, then the Long Term Care Benefit Base will be increased to equal the target Long Term Care Benefit Base and no required additional Purchase Payment is necessary. If the required additional Purchase Payment is greater than

zero, then the Long Term Care Benefit Base will be increased to equal the target Long Term Care Benefit Base upon payment of the required additional Purchase Payment. If the Long Term Care

Benefit Base on the Contract Anniversary is greater than the target Long Term Care Benefit Base calculated on the Contract Anniversary, no required additional Purchase Payment is necessary and the Long Term Care Benefit Base will not be increased.

If benefits have previously been paid for Qualified Long Term Care Services under the Rider, upon payment of the required additional Purchase Payment, if any, the Monthly Maximum Base Benefit for the new Contract Year will equal:

1. The Monthly Maximum Benefit on the previous Contract Anniversary; multiplied by
2. The sum of 1 plus the Inflation Percentage; divided by
3. One plus the Enhancement Factor;

and the Monthly Maximum Enhanced Benefit for the new Contract Year will equal:

1. The Monthly Maximum Base Benefit for the new Contract Year; multiplied by
2. The Enhancement Factor.

If no benefits have previously been paid for Qualified Long Term Care Services under the Rider, the Monthly Maximum Base Benefit and the Monthly Maximum Enhanced Benefit will be determined for a future claim based on the amount of the Long Term Care Benefit Base on the first day of the month in which the first benefit payment is made for Qualified Long Term Care Services.

If the Owner does not pay the required additional Purchase Payment within 90 days from the Contract Anniversary this Optional Inflation Protection Benefit will terminate and cannot be reinstated.

OPTIONAL NONFORFEITURE BENEFIT

This Optional Nonforfeiture Benefit is only provided under the Rider when elected by the Owner in the Application for the Rider and it is shown on the Rider Data Pages for the Rider.

If, after it has been in force for three years, the Rider terminates for any reason other than death of the Covered Person or because the Long Term Care Benefit Base has been reduced to zero due to payment of benefits for Qualified Long Term Care Services under the Rider; the Rider will provide a reduced benefit for Qualified Long Term Care Services. This Nonforfeiture Benefit will be payable in lieu of the benefits described in the Rider, and the Rider will be in paid-up status.

The sum of all benefits that may be payable while the Rider is in paid-up status will be the greater of:

1. The Monthly Maximum Enhanced Benefit applicable at the time of termination; or
2. The sum of all Rider Charges for the Rider.

However, the sum of all the benefits payable while the Rider is in paid-up status will not be greater than the Enhancement Factor multiplied by the Long Term Care Benefit Base at the time of termination.

While the Rider is in paid-up status, the Monthly Base Benefit Amount will not be paid. The maximum benefit amount paid each month cannot be greater than the Maximum Monthly Enhanced Benefit in effect at the time of termination.

Benefits payable upon termination of the Rider under this Optional Nonforfeiture Benefit will be subject to the Eligibility for Payment of Benefits, Conditions for Payment and Recovery of Covered Person provisions in the LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS section of the Rider. While the Rider is in paid-up status, annual Inflation Percentage increases provided under the Optional Inflation Protection Benefit, if included, will cease.

If this Optional Nonforfeiture Benefit is terminated at the request of the Owner without termination of the Rider, no nonforfeiture benefit will be provided if the Rider is subsequently terminated. Once terminated, the Optional Nonforfeiture Benefit cannot be reinstated.

EFFECT OF BENEFIT PAYMENTS ON OTHER CONTRACT BENEFITS

When Rider Charges are assessed or benefit payments are made under this Rider, the following benefits provided under the Contract will be affected as indicated.

Effect on Death Benefit The Death Benefit payable under the Contract will be reduced by the same amount by which the Contract Value is reduced due to Rider Charges and benefit payments under this Rider, but will not be less than the Minimum Guaranteed Value, if applicable. The Minimum Guaranteed Value, if applicable, will be affected as indicated in the next paragraph.

Effect on Minimum Guaranteed Value If the Contract provides a Minimum Guaranteed Value, the Minimum Guaranteed Value will be reduced by all Rider Charges for this Rider and all Monthly Base Benefit Amounts paid under this Rider, as well as interest on each Rider Charge assessed and each Monthly Base Benefit Amount at the annual Minimum Guaranteed Value Rate. The interest on each amount will be calculated beginning on the date the amount was transacted and ending on the date of calculation of the Minimum Guaranteed Value.

Effect on Return of Purchase Payment Guarantee or Return of Purchase Payment Guarantee Rider If the Contract provides a Return of Purchase Payment Guarantee or includes a Return of Purchase Payment Guarantee Rider, the amount we pay you on a withdrawal of the entire contract value will be reduced by all Rider Charges for this Rider and all Monthly Base Benefit Amounts paid under this Rider.

Effect on Withdrawal Benefit Rider If the Contract has a Withdrawal Benefit Rider attached, the Withdrawal Benefit Rider Benefit Base calculated at the beginning of each Contract Year will be reduced in the same proportion that the Monthly Base Benefit Amounts paid and Rider Charges assessed under this Rider during the prior Contract Year have to the Contract Value. These adjustments are applied in addition to the procedure described in the Withdrawal Benefit Rider for calculation of the Withdrawal Benefit Rider Benefit Base.

EFFECT OF OTHER PAYMENTS

Effect of Withdrawals A withdrawal will decrease the Long Term Care Benefit Base, but only to the extent that it reduces the Contract Value below the Long Term Care Benefit Base in effect immediately prior to the withdrawal.

Effect of Payouts During the Contract Payout Phase The Rider will terminate on the Payout Start Date, except as provided in the BENEFITS AFTER THE ANTICIPATED PAYOUT START DATE section of the Rider.

Effect of Death Benefit Payments The death of the last surviving Owner will terminate the Rider, unless the Covered Person is the sole Primary Beneficiary and continues the Contract in the Accumulation Phase. Benefits under the Rider for Qualified Long Term Care Services received by the Covered Person prior to death of the Owner may be paid if the Long Term Care Benefit Base has not been exhausted, until a beneficiary elects one of the Death of Owner Options under the Contract with respect to his or her share of the Death Proceeds. At that time the Long Term Care Benefit Base will be reduced to zero, and no further benefits will be paid under the Rider.

EXCLUSIONS AND LIMITATIONS

No payment will be made for any room and board, care, treatment, services, equipment or other items: (1) provided by a member of the Covered Person's Immediate Family, unless: (a) he or she is a regular employee of the organization that is providing the services; and (b) such organization receives payment for the services; and (c) he or she receives no compensation other than the normal compensation for employees in her or his job category; (2) for which no charge is normally made in the absence of insurance; (3) provided outside of the United States of America, its territories and possessions; (4) provided by or in a Veterans Administration or federal government facility, unless required by law; (5) resulting, directly or indirectly, from: (a) war or act of war, whether declared or not; (b) attempted suicide or an intentionally self-inflicted injury; or (c) the Covered Person's alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed physician.

RIDER RATE CHANGES

Subject to rate requirements applicable in the state in which the Contract was issued, we may change the Risk Rates for the Rider on any Contract anniversary after the period for which the initial Risk Rates are guaranteed. The initial Risk Rates are the rates we intend to charge for the Rider. Any rate change will be made only when we change the rates for all riders in the same rate class on the same form as the Rider that are issued in the same state as the Rider. However, the rates after such a change will never exceed the Maximum Risk Rates shown on the Rider Data Pages for the Rider. We will give the Owner at least 60 days prior written notice before the effective date of any rate change. The Risk Rate will never be changed due to a change in the Covered Person's age or health.

LONG TERM CARE BENEFIT BASE ILLUSTRATION

Guaranteed Effective Annual Interest Rate: [3% all years]

Enhancement Factor: [25%]

Acceleration Percentage: [2%]

Guaranteed Annual Long Term Care Risk Rate:

Years 1 through 6: [\$4.00 per \$1,000 of Long Term Care Benefit Base]

Years 7 and after: [\$6.00 per \$1,000 of Long Term Care Benefit Base]

Single Premium: [\$100,000][

Policy Year	Age	Guaranteed Annuity Contract Value	Guaranteed Annuity Policy Surrender Value (\$)	*Guaranteed Long Term Care Rider Benefit Base (\$)	*Guaranteed Long Term Care Rider Total Coverage Maximum (\$)	Guaranteed Long Term Care Rider Monthly Maximum Benefits (\$)
1	50	102,588.00	94,380.96	102,588.00	128,235.00	2051.76
2	51	105,242.98	96,823.54	105,242.98	131,553.72	2104.86
3	52	107,966.67	100,409.00	107,966.67	134,958.33	2159.33
4	53	110,760.84	104,115.19	110,760.84	138,451.05	2215.22
5	54	113,627.33	107,945.97	113,627.33	142,034.17	2272.55
6	55	116,568.01	111,905.29	116,568.01	145,710.01	2331.36
7	56	119,344.66	119,344.66	119,344.66	149,180.82	2386.89
8	57	122,187.45	122,187.45	122,187.45	152,734.31	2443.75
9	58	125,097.95	125,097.95	125,097.95	156,372.44	2501.96
10	59	128,077.79	128,077.79	128,077.79	160,097.23	2561.56
20	69	162,072.71	162,072.71	162,072.71	202,590.89	3241.45
30	79	205,090.71	205,090.71	205,090.71	256,363.39	4101.81
40	89	259,526.73	259,526.73	259,526.73	324,408.41	5190.53

*The Guaranteed Long Term Care Rider Total Coverage Maximum equals the Guaranteed Long Term Care Benefit Base multiplied by one plus the Enhancement Factor.

Guaranteed Benefit Period: The projected benefit period is 68 months. The benefit period may be longer if interest rates exceed guarantees, and any partial withdrawals would reduce the benefit period

All values shown in the above illustration are end-of-policy-year values. The illustration assumes no partial withdrawals, no change to the contract, no Optional Inflation Benefits, and no Optional Nonforfeiture Benefits. Guaranteed annual interest rates and surrender schedules are subject to the terms of the annuity contract to which the Rider is being attached.

This Statement of Benefit Information/Contract Summary is only a brief summary of the Contract's benefits. It is not the Contract, and the Owner should read the Contract carefully. The Company is not offering legal or tax advice. Tax laws and IRS administrative positions may change. The Owner should consult an independent tax or legal professional for advice based on the Owner's particular circumstances.

<i>SERFF Tracking Number:</i>	<i>ALSB-125746627</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39870</i>
<i>Company Tracking Number:</i>	<i>LU10913 SERIES</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>LU10913 SERIES</i>		
<i>Project Name/Number:</i>	<i>LU10913 SERIES/LU10913 SERIES</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALSB-125746627	State:	Arkansas
Filing Company:	Allstate Life Insurance Company	State Tracking Number:	39870
Company Tracking Number:	LU10913 SERIES		
TOI:	LTC06 Long Term Care - Other	Sub-TOI:	LTC06.000 Long Term Care - Other
Product Name:	LU10913 SERIES		
Project Name/Number:	LU10913 SERIES/LU10913 SERIES		

Supporting Document Schedules

Review Status:	
Satisfied -Name:	Certification/Notice
	07/24/2008

Comments:

Attached is the officer cert.

Attachment:

AR Officer Cert.pdf

Review Status:	
Bypassed -Name:	Application
	07/24/2008

Bypass Reason: Application provided in the form schedule.

Comments:

Review Status:	
Bypassed -Name:	Outline of Coverage
	07/24/2008

Bypass Reason: Outline of coverage has been submitted under the form schedule (FIC273A).

Comments:

Review Status:	
Satisfied -Name:	REPLACEMENT NOTICE
	07/24/2008

Comments:

Attachment:

FIC289 (1108).pdf

Review Status:	
Satisfied -Name:	Things you should know
	08/07/2008

Comments:

Attachment:

FIC284A (1108).pdf

Review Status:	
Satisfied -Name:	Statement of Variability
	08/07/2008

Comments:

<i>SERFF Tracking Number:</i>	<i>ALSB-125746627</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39870</i>
<i>Company Tracking Number:</i>	<i>LU10913 SERIES</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>LU10913 SERIES</i>		
<i>Project Name/Number:</i>	<i>LU10913 SERIES/LU10913 SERIES</i>		

Attached are the SOV's.

Attachments:

ALIC _SOV_Rider for LTC Data Page.pdf

ALIC LTC Other Forms_A.pdf

ALIC SOV LTC Supplemental App.pdf

ALIC_SOV_ LTC CW Rider.pdf

<i>SERFF Tracking Number:</i>	<i>ALSB-125746627</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39870</i>
<i>Company Tracking Number:</i>	<i>LU10913 SERIES</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>LU10913 SERIES</i>		
<i>Project Name/Number:</i>	<i>LU10913 SERIES/LU10913 SERIES</i>		

Review Status:

Satisfied -Name: Readability

08/07/2008

Comments:

Attached is the flesch cert.

Attachment:

ALIC_Generic_Readability Certification_07-10-2008.pdf

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

I hereby certify that to the best of my knowledge and belief this submission complies with Ark. Code Ann. 23-79-138, Regulation 49, and Regulation 33.

August 7, 2008

Date

Signature of Officer

Karen Burckhardt

Name

Assistant Vice President

Title and/or Business Affiliation

NOTICE TO PROPOSED OWNER AND PROPOSED COVERED PERSON REGARDING REPLACEMENT OF INDIVIDUAL ACCIDENT AND SICKNESS OR LONG TERM CARE INSURANCE



Allstate
You're in good hands.

Allstate Life Insurance Company
Standard Mail - P.O. Box 80469, Lincoln, NE 68501
Express Mail - 2940 S. 84th St. Lincoln, NE 68506-4142

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

All references to "You" on this form apply to the Proposed Owner and the Proposed Covered Person. According to your application, you intend to lapse or otherwise terminate existing accident and sickness or Long Term Care insurance provided to the Proposed Covered Person and replace it with coverage under a Long Term Care insurance contract, policy, certificate or rider to be issued by Allstate Life Insurance Company. Your new coverage for the Proposed Covered Person provides thirty-one (31) days within which you may decide, without cost, whether you desire to keep the coverage. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available on the Proposed Covered Person under the new coverage.

You should review this new coverage carefully, comparing it with all accident and sickness or Long Term Care insurance coverage on the Proposed Covered Person you now have, and terminate the present coverage only if, after due consideration, you find that purchase of this Long Term Care coverage is a wise decision.

STATEMENT TO THE PROPOSED OWNER AND PROPOSED COVERED PERSON BY THE PRODUCER OR OTHER REPRESENTATIVE:

(Use additional sheets as necessary.)

I have reviewed the current medical or health insurance coverage on the Proposed Covered Person. I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following considerations, which I call to your attention:

1. Health conditions which the Proposed Covered Person may presently have (pre-existing conditions), may not be immediately or fully covered under the new policy. This could result in denial or delay in payment of benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new preexisting conditions or probationary periods. The insurer will waive any time periods applicable to preexisting conditions or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you are replacing existing long-term care insurance coverage, you may wish to secure the advice of your present insurer or its Producer regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
4. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning the Proposed Covered Person's medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

Sign Here

Signature of Producer or Other Representative

Printed Name of Producer or Other Representative

Address of Producer or Other Representative

The above "Notice Regarding Replacement" was delivered to me on:

Sign Here

Signature of Proposed Owner

Printed Name of Proposed Owner

Date (MM/DD/YYYY)

Signature of Proposed Joint Owner

Printed Name of Proposed Joint Owner

Date (MM/DD/YYYY)

Signature of Proposed Covered Person
(If different than the Owner)

Printed Name of Proposed Covered Person

Date (MM/DD/YYYY)

Proposed Covered Person Date of Birth: _____ (MM/DD/YYYY)

One signed copy of this form is to be retained by the Proposed Owner, a second copy is to be retained by the Proposed Covered Person and a third signed copy is to be returned to Allstate Life Insurance Company with the application.



THINGS YOU SHOULD KNOW BEFORE YOU BUY LONG TERM CARE INSURANCE

LONG TERM CARE INSURANCE

A Long Term Care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it.

You should not buy this insurance policy unless you can afford to pay the charges every year. Remember that the company can increase charges in the future.

The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs.

MEDICARE

Medicare does not pay for most Long Term Care.

MEDICAID

Medicaid will generally pay for Long Term Care if you have very little income and few assets. You probably should not buy this policy if you are now eligible for Medicaid.

Many people become eligible for Medicaid after they have used up their own financial resources by paying for Long Term Care services.

When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.

Your choice of Long Term Care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency.

SHOPPER'S GUIDE

Make sure the insurance company or agent gives you a copy of a book called the National Association of Insurance Commissioners' "Shopper's Guide to Long Term Care Insurance." Read it carefully. If you have decided to apply for Long Term Care insurance, you have the right to return the policy within 31 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy.

COUNSELING

Free counseling and additional information about Long Term Care insurance are available through your state's insurance counseling program. Contact your state insurance department on aging for more information about the senior health insurance counseling program in your state.

FACILITIES

Some Long Term Care insurance contracts provide for benefit payments in certain facilities only if they are licensed or certified, such as in assisted living centers. However, not all states regulate these facilities in the same way. Also, many people move to a different state from where they purchased their Long Term Care insurance policy. Read the policy carefully to determine what types of facilities qualify for benefit payments, and to determine that payment for a covered service will be made if you move to a state that has a different licensing scheme for facilities than the one in which you purchased the policy.

ALLSTATE LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY FOR:

Rider for Long Term Care Services Data Page: RDP10913 series

The form listed above contains texts that are bracketed to denote information that may change or vary. Any change will be for future use only, and applied on a non-discriminatory basis.

- **Customer Information**

Contract Number, Rider Effective Date, Covered Person, Waiting Period, Coverage Commencement Date and Elimination Period, are variable. All customer specific information is bracketed to accurately reflect the customer's actual coverage.

- **Long Term Card Benefit Base**

The actual Long Term Care Benefit Base benefit amount pertaining to the covered person's coverage will be indicated.

- **Enhancement Factor**

The variable amounts are "25%", "35%" and "50%". The actual Enhancement Factor selected by the owner will be indicated.

- **Accelerated Percentage**

The variable amounts are "2%", "3%", and "4%". The actual Accelerated Percentage selected by the owner will be indicated.

- **Optional Inflation Protection Benefit**

The Optional Inflation Protection Benefit consists of the following variables: (a) "Included" and "Not Included". If the Optional Inflation Protection Benefit is included the Rider Data Page will indicate "Included", and if the benefit is not included, "Not Included" will be indicated. If the benefit is included, the following variable text will also be indicated: "Inflation Percentage 5%" will be indicated.

- **Optional Nonforfeiture Benefit**

The Optional Nonforfeiture Benefit consists of the following variables: (a) "Included" and "Not Included". If the Optional Nonforfeiture Benefit is included the Rider Data Page will indicate "Included", and if the benefit is not included, "Not Included" will be indicated.

- **Risk Rates**

The amounts of the "Initial Risk Rates" and "Maximum Risk Rates" will be the actual rates applicable for the covered person in accordance with the actuarial data.

ALLSTATE LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY FOR:

Long Term Care Insurance Rider – Outline of Coverage: FIC273A
Long Term Care Insurance Potential Rate Increase Disclosure Form: FIC274
Long Term Care Insurance Personal Worksheet: FIC283A

The form listed above contains texts that are bracketed to denote information that may change or vary. Any change will be for future use only, and applied on a non-discriminatory basis.

- **Long Term Care Insurance Rider – Outline of Coverage: FIC273A**

Our company logo, address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required. The optional inflation protection graphic and chart information appearing in the form may be changed with regard to the sample information provided and the formatting, sizing, or color of the graphic and/or chart. The Company's logo(s) or trademarks may be changed/or added as appropriate.

- **Long Term Care Insurance Potential Rate Increase Disclosure Form: FIC274**

Our company logo, address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. The Company's trademarks may be changed/or added as appropriate.

- **Long Term Care Insurance Personal Worksheet: FIC283A**

Our company logo, address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. The Company's trademarks may be changed/or added as appropriate.

ALLSTATE LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY FOR:

Long Term Care Insurance Rider – Annuity Application Supplement: FIC272 Series

The form listed above contains texts that are bracketed to denote information that may change or vary. Any change will be for future use only, and applied on a non-discriminatory basis.

- **Company Address**

Our company logo, address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

- **Other Important Notice**

The information may be modified to include new information to comply with company, state or federal requirements.

- **Substitute Form W-9**

This section may be modified to include new information as required by state or federal requirements.

- **Notice Regarding The MIB**

The address and telephone number for the MIB's information office are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required by the MIB office.

- **Insurance Information Practices**

Our company address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

- **Notice Under The Fair Credit Reporting Act**

Our company address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

ALLSTATE LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY FOR:

Rider for Long Term Care Services: LU10913 series

The form listed above contains texts that are bracketed to denote information that may change or vary. Any change will be for future use only, and applied on a non-discriminatory basis.

- **Company Address**

Our company logo, address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required. The Company's trademarks may be changed/or added as appropriate.

- **Officer Signatures and Title:**

Officer signatures and there are bracketed so that we may change them to reflect the current signatures and titles as officers change.

**ALLSTATE LIFE INSURANCE COMPANY
READABILITY CERTIFICATION**

I hereby certify the accuracy of the Flesch reading ease test score for the following policy forms.
These forms are at least ten (10) point type, two (2) point leaded.

<u>TITLE</u>	<u>FORM NUMBER</u>	<u>FLESCH SCORE</u>
Rider for Long Term Care Services	LU10913	50.0
Long Term Care Rider Annuity Application Supplement	FIC272	51.7

Signature:

Karen E. Burckhardt
Assistant Vice President

Date: July 10, 2008